



CITY OF DUNDEE

*Report of the
Medical Officer of Health*

FOR THE YEAR ENDING
DECEMBER, 1953

MEDICAL OFFICER OF HEALTH :

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Miss MARGARET CAITHNESS, L.D.S., Assistant Dental Officer

Mrs ISOBEL S. McGLYNN, L.D.S., D.P.D., Assistant Dental Officer

Miss HILDA C. LEITH, L.D.S., Assistant Dental Officer

Administrative Assistant (lay)

Superintendent of Health Visitors

Superintendent of Day Nurseries

Superintendent of Care and After Care

Superintendent of Domestic Help Service

Orthoptist

Audiometrician

ROBERT CRAIG

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Miss ELIZABETH L. TAIT

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Miss ALICE FLYNN

(Staff as at 31/12/53)

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SUMMARY OF VITAL STATISTICS FOR 1953

Population	177,174
Number of Deaths (corrected)	2,148
Death-rate per 1,000 population	12.1
Deaths of Infants under 1 year	102
Infantile Death-rate per 1,000 births	32
Marriage-rate per 1,000 population	9.0
Number of Births Registered (corrected)	3,174
Birth-rate per 1,000 population	17.9
Illegitimate Birth-rate per 100 births	5.7
Stillbirths per 1,000 births (including stillbirths)	25
Number of Deaths from Pulmonary Tuberculosis	30
Number of Deaths from all forms of Tuberculosis	35
Death-rate per 1,000 pop. from Pul. Tuberculosis .....	.17
Death-rate from all forms of Tuberculosis .....	.20
Death-rate from Principal Epidemic Diseases .....	.05
Deaths from Diphtheria	—
Maternal Mortality per 1,000 births	—
Neo-Natal Mortality	20
Number of Deaths from Malignant Diseases	417
Death-rate from Malignant Diseases	2.35

Annual Report 1953

The Lord Provost, Magistrates and
Town Councillors of the City of Dundee.

LADIES AND GENTLEMEN,

I have the honour to submit the Annual Report on the work of the Public Health Department for the year 1953.

Dr Cuthbert died with tragic suddenness on 17th January 1953 and a tribute to his work and capabilities was made in the Report for the year 1952. The vacancy was not filled until I assumed duty on 16th July 1953, so that I cannot make any claim for the continued satisfactory results obtained during the year.

Since assuming duty I have surveyed the whole field of Public Health in Dundee and I am satisfied it is established on solid foundations. It will be my endeavour to try and maintain the standards set by my predecessors. I have found the staff—both professional and lay—very co-operative and anxious to assist in the various spheres of the work, and would here express my sincere thanks to them.

I would like to pay a special tribute to the late Professor Burgess whose help and advice during the vacancy, I understand, were freely given. After settling in Dundee I found him to be very friendly and his advice and information to me were very inspiring. At the Health Committee held on 10th December 1953, the Committee agreed to appoint him an Honorary Medical Officer of the Department. His death which occurred on 22nd April 1954, was keenly felt by all of his staff who were associated with him in the work and to whom he had endeared himself. For the long period of thirty-three years he served the City faithfully and sagaciously as Medical Officer of Health. During this long tenure of office, he achieved many outstanding improvements in the health of the City. His whole life has been devoted to the cause of Public Health and his talents will be sadly missed—not only locally but in the wider and general service of Public Health. His death undoubtedly has removed an outstanding personality in this field. His talents and experience were generally recognised and he was invited to serve on many Government and other committees and for these services he received the very well deserved honour of C.B.E. in 1944.

In July 1948, when the Hospital services were transferred to the Secretary of State for Scotland, Dr Burgess became a member of the Eastern Regional Hospital Board and he continued as such until his demise. Dr Burgess was also associated with the University of St. Andrews since 1918—first as lecturer, then as reader and on his retirement in 1951, he became the first Professor to that University in the subjects of Public Health and Social Medicine. His name is revered in all parts of the world by doctors and others who have benefitted from his teaching.

In last year's Annual Report, at the request of the Department of Health, very full details were given of services for which Local Health Authorities are responsible and this was done so far as Dundee is concerned. For the year 1953, the usual review will be given of the work of the Health Department.

Population

The population of the City as estimated by the Registrar General to the middle of 1953 is 177,174, compared with 177,868 at the same time of 1952—a decrease of 694. The reason for the decrease is not too clear, particularly when one considers the number of births exceeded the number of deaths by 1,026.

Death Rates

There were 2,148 deaths (corrected) at all ages and from all causes registered during the year which gives a rate of 12.1 per 1,000. The corresponding figures for 1952 were 2,195 and 12.3 per 1,000. The figure for 1953 is a new record for Dundee and compares with a rate of 11.5 for the whole of Scotland and 11.9 for the large cities.

As will be seen from Table I., deaths certified as being due to degenerative heart conditions decreased from 655 in 1952 to 586 in 1953. The numbers and causes of the other deaths were very similar during the two years.

In Table XXVII. interesting details are given in connection with deaths due to malignant disease. It will be observed that, apart from affections of the buccal cavity and respiratory organs, there is no very marked difference in the incidence of this disease as between males and females. It is worthy of note, however, that in the two exceptions there is a great excess of male deaths over female deaths.

There were 102 infant deaths in the course of 1953 which gives an infant mortality rate of 32 per 1,000 live births. The corresponding figures for 1952 were 97 and 31 respectively. The rate for the whole of Scotland is 31 and for the large cities 32.

**Infant
Mortality**

The number of stillbirths for the year was 80 compared with 76 in 1952. The respective rates were 25 and 24 per 1,000 registered births (including stillbirths).

Stillbirths

No such deaths were registered during 1953. This is the first occasion for this extremely satisfactory result to occur in Dundee.

**Maternal
Deaths**

The birth rate for the year is 17.9 per 1,000 of the population, an increase of .2 over last year. Altogether the number of births registered (corrected) in 1953 was 3,174—1,629 males and 1,545 females against 3,145—1,596 males and 1,549 females in 1952. The sex ratio of births calculated on these figures is 1.054 and 1.03 respectively.

**Care of
Mothers and
Young
Children**

This service, apart from cases attended by midwives on a fee-per-case basis, has been executed on behalf of the Local Health Authority since July 1948 by the Eastern Regional Hospital Board through the Dundee Royal Infirmary District Maternity Service. This arrangement could not continue and when sufficient midwives are appointed the responsibility will fall entirely on the Local Authority. Three midwives were appointed during the last quarter of the year and a Superintendent was appointed at the beginning of the current year (1954). In the meantime there is complete co-operation between the Dundee Royal Infirmary and Child Welfare Medical Office and full details of the mutual work done in the course of the year are given in Dr Fulton's report.

**Domiciliary
Midwifery**

The number of nurseries remains the same for the year—eleven belonging to the Local Authority and five provided by Industrial firms. As will be seen from Dr Fulton's report the number of attendances during 1953 was 80,612 compared with 82,304 in 1952. The decrease affected children under two years of age and was entirely due to infections of dysentery, chickenpox and whooping cough. All of the nurseries were affected.

Day Nurseries

Clinic Centres

During the year the Health Committee authorised additional clinic sessions at Hawkhill, Maryfield Hospital and Kings Cross (West) Hospital centres, and the setting up of a new clinic at Fintry Church Hall. The Committee also agreed that the technical officials should submit plans and costs for the erection of a clinic to serve the Douglas and Angus Housing Estate. It is interesting to note that the general medical practitioners are enquiring regarding the availability of consulting facilities at this clinic. The questions is meantime under consideration. The new clinic at Fintry Church Hall and the Dental Clinic at Broughty Ferry started to operate in April and May of the current year (1954), and the mobile dental clinic is expected to function after the school vacation. Telephones have been installed at the centres, at Ancrum Road, Kilcraig and Fort Street, Broughty Ferry.

The Orthoptic Clinic was transferred to the Eastern Regional Hospital Board during the year.

Nursing Homes

The inspection of Nursing Homes, in terms of the Nursing Homes Regulations (Scotland) Act, 1938, is a duty of the Local Health Authority and details of the work done is recorded in the report by Dr Fulton, Maternity and Infant Welfare Medical Officer who is the inspecting medical officer.

Vaccination and Immunisation

The record cards which were received from Medical Practitioners, clinics, etc., showed that 1,455 persons received primary vaccination and of these 704 were under one year of age. At all ages 1,328 had typical vaccinia, 10 accelerated vaccinoid, and 117 had no local reaction. These figures show a slight improvement (about 3.7%) on last year's figures but a larger improvement is looked for during 1954. Since compulsory vaccination ceased many parents are quite apathetic regarding vaccination.

The number of persons immunised against diphtheria during the year was about 8.2% below that of 1952. The figures were in respect of a complete course, 2,494 (2,717 in 1952) and in respect of maintenance doses, 2,866 (3,069 in 1952).

Children immunised against whooping cough numbered 1,055 as compared with 576 in 1952. The combined diphtheria and whooping cough prophylaxis was administered to some of the children.

The death rate from all forms of tuberculosis fell from 0.25 per thousand of the population in 1952 to 0.20 in 1953. The rate from pulmonary tuberculosis was 0.17 in 1953 compared with 0.22 in 1952. Altogether in 1953 there were 35 deaths from all forms of tuberculosis—30 being from pulmonary tuberculosis. The comparable figures for 1952 were 44 and 40 respectively.

Tuberculosis

These are exceedingly satisfactory figures and as stated in last year's report may be the result of new methods of treatment and better housing conditions.

The number of notifications of pulmonary cases rose in 1953 to 290 from 278 in 1952 and there was a decrease of non-pulmonary cases to 35 compared with 53 in 1952. The increased notifications may be due to better diagnostic facilities being available—mass radiography, etc., but the position seems to be a general one as the Department of Health for Scotland have issued a memo on the subject during the current year (1954) drawing attention to the fact that the notifications have not kept pace with the recent decline in death rates and ask for more energetic measures to be taken to reduce the incidence of this disease—actually to tracing the source of infection as is done in an outbreak of typhoid fever or smallpox—and making every endeavour to eliminate the disease.

At the date of writing this report plans are being prepared for two intensive campaigns, one in connection with B.C.G. vaccination and one in connection with Mass Radiography. Reports will be submitted to the Health Committee at an early date.

During the year 1953 a total of 75 surveys were made and a total of 17,685 (9,202 males, 8,483 females) persons examined yielded 48 (30 males, 18 females) cases of active pulmonary tuberculosis, an incidence rate of 2.71 per 1,000 examined compared with 2.05 last year.

**Mass
Radiography**

The amount of work in connection with B.C.G. vaccination showed a slight increase over that done in 1952. 23 medical students were tested. Of these 7 were negative re-actors and 4 were vaccinated. 285 contacts produced 192 negative re-actors and 89 vaccinations. 65 new born babies were vaccinated (34 in 1952). Altogether 177 vaccinations were done during 1953 against 103 during the previous year.

**B.C.G.
Vaccination**

Housing Priority

The Housing Committee have continued to give special consideration to cases of tuberculosis who have been recommended by the Senior Chest Physician. At the end of December 1952, there were 103 names on the Special T.B. Housing waiting list. During 1953 the names of 175 persons were added. Altogether 166 cases were rehoused, 1 case died and 11 were removed from the list for other reasons. At 31st December 1953, there were 100 names remaining on the waiting list.

Care and After-Care

During the year 107 applications were made for nursing requisites. Only 12 of these were in respect of tubercular patients—the remainder of the applications being in respect of conditions other than tuberculosis. The usual nursing requisites—bed pans, urinals, air rings, mattresses, beds, etc.,—were issued and, generally, were much appreciated.

In the course of the year 118 applications were received for additional milk. Of these 2 received 2 pints and 116 received one pint daily. In accordance with our scale of charges the milk was granted free of charge in every case. At the end of 1952 there were 92 persons receiving milk so that with the 118 new applications a total of 210 were on our register. This milk is granted only on medical grounds and the needs of the patients are revised every three months. In the course of the year supplies were cancelled in 69 cases. The cost of this milk for the financial year to 15th May 1954, was £1,164 compared with £1,002 in 1952.

Domestic assistance was supplied to 40 cases.

Infectious Disease

The City remained very free from infectious diseases during the year. Apart from tuberculosis there were 3,551 notifications or intimations—the diagnoses of which were accepted. Of these 1,977 were in respect of children's diseases — chickenpox 849, measles 707 and whooping cough 421. None of these infections was of a serious nature.

Dysentery was the most prevalent condition of the other diseases, and accounted for 531 cases and 467 of these received hospital treatment. The disease mainly affected children—11% of the cases were under one year; 59% between one year and under five years; 14% between five and fifteen years; and only 16% in all ages over 15 years. The work entailed in connection

with these cases was very considerable, especially to the Bacteriological Department, and to the health visitors. There is no doubt the active measures taken prevented the further spread of the disease.

Acute primary pneumonia accounted for 479 cases and acute influenzal pneumonia for 12 cases. Again this condition, which was of a mild nature, occurred mostly in the age groups under fifteen years—the highest incidence being in the age groups between one and five years. Ninety-eight deaths were certified as being due to this cause—11 infants under 1 year; 1 adolescent; 11 between 45 and 55 years; and 74 over 65 years of age.

There were 254 cases of scarlet fever and 153 of these received hospital treatment. The disease was of a mild nature and there were no deaths.

It is most satisfactory to record again that there were no accepted cases of diphtheria. This is the fourth year this intimation has been made and speaks volumes for the very efficient campaign for Diphtheria Immunisation which has been effectively and energetically pursued since 1941.

Diseases of the central nervous system accounted for 38 cases—32 of cerebro-spinal fever and 6 of poliomyelitis. Two deaths occurred in this group—1 from each condition.

One case of leprosy was notified and involved quite a lot of work. The patient was an Indian student and he was ultimately sent back to India.

A case of anthrax was actually notified in error and the information was passed on to Home Office Medical Officer.

Six cases of Food Poisoning were notified and these were enquired into but no source of infection was established.

The School Health Service remains substantially the same as in the previous report. The report covers the school year which ends at 31st July 1953. Dr Gerrard, Chief Executive School Medical Officer gives detailed information regarding the results of medical inspection and of the treatment of the conditions found.

Dental Services

The report of Mr Finlayson, Senior Dental Officer, which appears at the end of this volume, gives full details of the dental work done for the School Health Service and the Maternity and Infant Welfare Department. The report covers the "School" year ending 31st July 1953.

Mr Finlayson expresses disappointment at the delay in setting up a new clinic at Broughty Ferry and also the mobile clinic. It is pleasing to record, however, that from 16th May 1954, the new clinic has been in operation and the mobile trailer will be delivered in time for service immediately after the schools vacation. An additional dental officer has also been in the service since 16th May of the present year. With the additional facilities now available, more progress should be made during the current year.

Mental Health Service

The duties of the Local Authority laid down under Section 27 of the National Health Service (Scotland) Act in relation to the prevention of illness, the care and after-care of persons suffering from illness or mental deficiency, were carried out during the year under the direction of the Medical Officer of Health by an Assistant Medical Officer with a Senior Health Visitor, working in close co-operation with the staffs of Dundee Mental Hospital, Dundee Royal Mental Hospital, Baldovan Institution, and the Psychiatric Units of Dundee Royal Infirmary and Maryfield Hospital. Cordial and harmonious relationship was maintained with the Dundee Association for Mental Health and the Disablement Resettlement Officer of the Ministry of Labour.

Mental Patients

During the year 104 patients entered the two mental hospitals voluntarily. 105 were admitted after completion of the formalities of certification, compared with 74 in 1952. 73 out of the 105 (69%) were over the age of 60 years, compared with 48 out of 74 (65%) in 1952. 113 voluntary patients and 31 certified patients were discharged during the year. 1 voluntary and 56 certified patients died in hospital. Of the 105 certified patients admitted, 24 were certified in hospitals and the remaining 81 in their own homes or elsewhere.

The proportion of older people in the community is increasing and will not decrease with time. It may become necessary to consider the effect of the lack of homes for old people. It is

hoped that an increase in the number of beds in geriatric wards may help to avert mental deterioration among older patients, but the need for additional beds in mental hospitals will become inevitable.

During the year 16 mental defectives were admitted to Institutions and 1 was discharged. The opening of additional accommodation at Baldovan Institution made possible the admission of some of the more urgent cases on the waiting list. The Day Centre Scheme at Baldovan Institution still continues satisfactorily. Owing to the increase in the numbers attending daily, the services of an additional ambulance was granted.

**Mental
Defectives**

117 defectives are still in institutions, 8 of whom are on licence by authority of the General Board of Control. 2 mental defectives are boarded out within the City and are visited quarterly by an Assistant Medical Officer and an Authorised Officer. 3 defectives boarded outwith the Dundee area are visited quarterly by a local practitioner.

17 clinics were held during the year by Dr Robert Gibson, Specialist in Mental Deficiency. 28 new cases were seen and 27 return cases. New cases were referred by the School Health and Child Welfare Services, the Consultant Paediatricians of Dundee Royal Infirmary and Maryfield Hospital, and the Disablement Resettlement Officer of the Ministry of Labour.

There is as yet inadequate provision for occupational therapy and sheltered employment for defectives over the age of 16 years, and a falling off in return visits to the clinic has resulted from discouragement over the lack of such facilities.

A Senior Health Visitor seconded to the Mental Health Service paid 157 first visits and 106 other visits during the year. The object of these visits is by winning the confidence of the family to discover whether abnormal physical, mental or financial strain is contributing towards mental illness, and to consider how such strain can be eliminated. Visits are also paid to homes before a patient is discharged from mental hospital to ensure that home circumstances will be conducive to the patient's continued progress. Guidance and encouragement are given by regular visits to parents with homebound mentally defective children, and

After-Care

homes are visited before mental defectives are allowed on holiday from Institutions, with particular regard to the adequacy of parental care and supervision.

Domestic Help Service

This service maintained its popularity during the year. The people have become accustomed to it and realise the benefits which accrue in the way of health, comfort and happiness. At the beginning of 1953 there were 529 persons actually being assisted and in the course of the year 1,089 new applications were granted, so that a total of 1,618 cases were dealt with compared with 1,453 in the previous year. Of the 1,089 new applications, 202 were in respect of confinements; 40 tuberculosis, 401 acute cases; and 446 chronic sick and old age cases. The average number of domestic helps employed during 1953 was the equivalent of 155.5 whole-time helps compared with 144.6 in 1952. A system of home visitations is in operation whereby the work of the home helps and the necessity for their assistance is continually being reviewed.

Of the 1,089 new applications 136 paid full cost; 609 paid the scale allowance; and 344 received additional allowances from the National Assistance Board to meet the expense.

During the financial year 1953/54 a total of 31,369 accounts amounting in all to £10,262 were issued and the sum of £10,010 was collected for services. The net cost of the service after deduction of Government Grant and recoveries from applicants, was £18,900 compared with £15,352 for 1952/53.

As stated in previous reports the question of higher Government Grant in respect of chronic sick cases has been raised but so far no decision appears to have been reached.

Health Visitors

Health Visitors made 86,125 visits in the course of the year to persons in their own homes. The figure for 1952 was 85,056. Visits were made to advise on health matters in respect of expectant mothers and young children, control of infectious diseases, visits to foster homes, etc.

Six members undertook a course in "Teaching of Parent-craft" and after examination were awarded the appropriate certificate. The course was sponsored by the Royal College of Nursing and the Health Committee very generously reimbursed the expenses of the health visitors concerned.

The work performed by the Dundee Sick Nursing Society and the Broughty Ferry Nursing Association still continues to increase. Altogether there were 3,928 cases who received nursing services involving 83,643 visits. Similar figures for 1952 were 3,411 and 78,900 visits.

The Port of Dundee has been busier this year than last. The number of ships arriving from foreign countries showed an increase of 61 on the figure for 1952. In all, 253 of these ships arrived and were visited by the Port Medical Officer and Port Sanitary Inspector during the year of 1953. According to the arrival of these ships directly from foreign ports or indirectly after having first called at some other port in Britain, they are classified in our records as follows:—

Arriving directly from infected foreign ports	51
Arriving indirectly from infected foreign ports	39
Arriving directly from free foreign ports	161
Arriving indirectly from free foreign ports	2
	<hr/>
	253
	<hr/>

In the medical examination of the crews of these ships no quarantineable disease or major illness was found. The medical inspection, however, does not overlook unkindly the minor ills that seagoing crews are heir to. In the case of one jute liner with a crew of forty-two, eleven were found to have been suffering from recurrent boils and eight of them were still showing symptoms of Job's painful illness. Arrangements were made with the Federation doctor for their treatment and alleviation. Enquiries in this case were made as to the possible cause of this local outbreak. There was a period of two or three days in the Red Sea when supplies of fresh fruit and vegetables ran short. It is not always possible to complete those investigations. The Port Medical Officer of the next port of call, London, was notified, and our duty was considered well done.

There was one case of sonne dysentery—a cabin boy of a small Swedish ship. He was removed to King's Cross Hospital. In a jute liner from Calcutta one Indian seaman was found to be suffering from Kala Azar and another had malaria. They also were treated in King's Cross Hospital,

On arrival of a small British ship from Ghent in Belgium the Captain reported that several members of the crew had complained of sickness and headache after leaving Ghent. The water supply was suspected, but an analytical report from the City Analyst and a bacteriological report from University College, Dundee, did not confirm contamination. It is possible that lack of ventilation during a rough voyage was the cause and that this was a case of sea-sick men which land-lubbers would note with sympathetic interest.

The investigation into the state of cleanliness of crew's quarters was continued and they were inspected and reported upon in the case of each of the 253 ships. There is a marked diminution in the number of cases in which crew's quarters are reported on as being unsatisfactory or dirty. This contrasts with the fairly high number that has been put into this category during the previous five years since the inspection began in 1948. A detailed analysis of notes might be necessary before a conclusion is drawn that the hoped for improvement in ships' cleanliness has been achieved. In the case of two ships the report states that the conditions were dirty and unsatisfactory. In eight others the reports observe that the accommodation was poor but clean and that facilities were below present-day standards. In the case of one small British ship the lack of accommodation and the inadequacy of storage space for food and water was reported to the ship's Dundee agents, who communicated with the owners. They in turn undertook to effect some remedy.

There was a small Liberian ship in which three stewardesses seemed to rough it with the men crew. The agents were also notified in this case and they forwarded our criticism to the owners.

The two cases where conditions were unsatisfactory involved a Panamanian ship and an Indian jute liner. The liner was Indian owned and had an Indian captain, Indian officers and Indian crew. These seem to be cases of neglect. Structurally the quarters have been passed by the Board of Trade and it would appear that the captain and the crew are responsible for the conditions found. Indeed in the case of the jute liner a marked improvement was found when the ship was revisited the day following the first visit and inspection.

Again appreciation is to be expressed of the friendly co-operation of Customs Officials, Pilots, Ships Captains and Officers, and the Harbour Police with which they assist the Medical Officer and Sanitary Inspector visiting the ships.

A report of the Standing Inter-departmental Committee emphasizing the importance of safety precautions in the home was considered by the Health Committee at their August meeting, and they were asked to consider how the pressing need for home safety precautions revealed by the report, could be publicised in the area. As the Local Authority are registered as a member of the Home Safety Section of the Royal Society for the Prevention of Accidents, it was agreed that the posters and literature issued by this Society, should be passed on to the appropriate Medical Officers and Health Visitors, so that they could take any necessary action in bringing this subject to the notice of the public. Later in the year an invitation was received to attend a two-day conference at Inverness in January of this year, of the Scottish Accident Prevention Branch of the Royal Society for the Prevention of Accidents. The administrative assistant attended on my behalf and a comprehensive report was subsequently submitted to the Health Committee for consideration. The report was referred to the Road Safety Committee to ascertain if they would be prepared to extend their functions to include Home Safety.

Accidents in
the Home

As in previous years, lectures have been given by members of the staff to selected audiences and in the course of their many duties the doctors and health visitors take every opportunity of stressing the importance of cleanliness in all things,—person, clothing, house, food, etc.

Health
Education

During the current year (1954) the Health Committee requested me to report on a Scheme of Health Education for the City. This report has been submitted and details of such a scheme are presently being worked out in co-operation with the Scottish Council for Health Education.

Mr Smith, Chief Sanitary Inspector, provides very detailed information concerning these subjects in his Annual Report which is now issued as a separate volume.

Housing,
Food, etc.

So far as housing is concerned it is very gratifying to know that the year 1953 is a record one for the output of houses for letting purposes. Altogether 1,425 such houses were erected—1,015 by the Local Authority and 410 by the Scottish Special Housing Association. In addition to these figures 99 houses were erected by private enterprise.

In respect of the Food Hygiene aspect of Public Health, Mr Smith and his staff have throughout the year continued their activities towards improved conditions, resulting in better storage, display and distribution of food. While keeping in view the possible requirements envisaged with the new Foods Bill, quite a number of occupiers of premises have been prevailed upon to provide structural alterations as well as the provision of new storage spaces; rendering of internal walls with tiles or other impervious smooth surfaces; improved flooring; additional hot water fittings, etc., etc., not forgetting the personal hygiene aspect. Towards keeping foodstuffs in better condition, many refrigerators including the counter display and window type have been provided at his suggestion.

The sampling of milk has shown that the supply provided to the City continues at a good standard, the average fat content being 3.85% which compares favourably with the statutory requirements of 3%.

On health grounds alone it is good to report that in Dundee, being a specified area, only designated milks are permitted for retail sale and further that during next year the lowest of these, viz. "Standard," will go out of existence so far as our City is concerned. Such milk from October 1954, will require to be pasteurised before being sold by retail.

I am, Ladies and Gentlemen,

Your obedient Servant,

IAN B. L. WEIR,

B.Sc., M.B., Ch.B., D.P.H., D.P.A.

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19. Deaths in which Influenza was given as a cause of death each month, January, 1945, to December, 1953.
20. Deaths in which Influenza appeared as a cause in Death Certificate, 1945-53, classified in Age Periods.
21. Infectious Diseases—Number of Cases of each Disease Notified and Accepted in Dundee during the year 1953. Also number removed and number not removed to Hospital.
22. Monthly Notifications and Intimations of Infectious Diseases, Dundee, 1953.
23. Tuberculosis—Notifications and Deaths, with corresponding rates per 1,000 population at various Age Periods each year since 1944.
24. Tuberculosis—Notifications and Deaths with corresponding rates per 1,000 population for each year since 1944.
25. Pulmonary Tuberculosis—Notifications and Deaths with corresponding rates per 1,000 population for each sex each year since 1944.
26. Pulmonary Tuberculosis—Deaths in Institutions each year since 1945.
27. Malignant Diseases—Number of Deaths and Death-rates per 10,000 population each year since 1944.
28. Age and Sex Distribution of Deaths from Malignant Diseases during 1953, showing parts of the body affected.
29. Number of Births per 1,000 population, Illegitimate Births per 100 Registered Births and Marriages per 1,000 population, each year since 1944.

TABLE 1.

Return showing Causes of Death (corrected for transfers) at the different age periods during 1953.

Cause of Death.	ALL AGES		Under 4 wks.		at the different age periods during 1953.											85 and over	
	Total	Males	Females	4 wks. to 1 yr.	1—	5—	10—	15—	25—	35—	45—	55—	65—	75—	85 and over		
Tuberculosis of Respiratory System	30	15	15	—	—	—	2	3	7	4	4	2	4	2	—	—	—
Tuberculosis, other forms	5	2	3	—	—	—	—	1	1	—	—	2	1	—	—	—	—
Syphilis and its sequelae	9	8	1	—	—	—	—	—	1	—	2	3	3	—	—	—	—
Typhoid Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery, all forms	2	1	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever and streptococcal sore throats	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal Infections	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis	1	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other infective and parasitic diseases	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malignant neoplasms	417	219	198	—	—	—	—	—	4	11	71	101	121	94	1	1	13
Benign and unspecified neoplasms	5	3	2	—	—	1	1	—	—	1	1	1	1	1	—	—	—
Diabetes Mellitus	18	4	14	—	—	—	—	—	—	1	1	3	7	6	—	—	—
Anaemias	8	—	8	—	—	—	—	—	—	—	2	1	3	1	1	1	1
Other general diseases	8	6	2	—	—	—	—	—	—	—	—	3	2	1	—	—	—
Vascular lesions affecting central nervous system	281	100	181	—	—	—	—	1	—	4	7	40	77	119	33	—	—
Non-meningococcal meningitis	2	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other diseases of nervous system	40	18	22	—	—	3	—	—	2	3	2	10	8	5	—	—	—
Rheumatic fever	1	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—
Chronic rheumatic heart disease	34	7	27	—	—	—	—	1	3	3	9	5	11	2	—	—	—
Arteriosclerotic and degenerative heart disease	586	286	300	—	—	—	—	—	3	10	39	78	169	224	63	—	—
Other diseases of heart	44	24	20	—	—	—	—	—	1	—	—	6	13	18	6	—	—
Hypertension with heart disease	28	7	21	—	—	—	—	—	—	1	1	3	11	11	1	—	—
Hypertension without heart disease	23	8	15	—	—	—	—	—	—	1	2	2	7	7	3	—	—
Other circulatory disease	53	25	28	—	—	—	—	1	—	2	6	4	8	18	13	—	—
Influenza	7	3	4	—	—	—	—	—	—	1	—	—	1	2	2	—	—
Pneumonia	98	42	56	—	—	—	—	—	1	—	—	—	—	—	—	—	—
Bronchitis	52	26	28	—	—	—	—	—	—	1	—	—	—	—	—	—	—
Other respiratory diseases	12	7	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ulcer of stomach and duodenum	28	26	2	—	—	—	—	—	—	3	4	12	4	5	—	—	—
Appendicitis	3	2	1	—	—	—	—	—	—	—	—	2	—	—	—	—	—
Intestinal obstruction and hernia	14	8	6	—	—	—	—	—	—	—	1	—	6	4	—	—	—
Gastritis and duodenitis	2	1	1	—	—	—	—	—	—	—	—	—	2	—	—	—	—
Diarrhoea (except of newborn)	8	2	6	—	—	—	—	—	1	—	—	—	1	3	—	—	—
Cirrhosis of liver	5	4	1	—	—	—	—	—	—	1	—	—	2	—	—	—	—
Other diseases of liver	12	1	11	—	—	—	—	—	1	1	2	2	2	5	—	—	—
Other digestive diseases	8	6	2	—	—	—	—	—	—	1	4	1	1	1	—	—	—
Nephritis and nephrosis	15	11	4	—	—	—	—	—	—	1	2	5	4	3	—	—	—
Hyperplasia of prostate	21	21	—	—	—	—	—	—	—	—	—	2	6	12	1	—	—
Other diseases of genito-urinary system	31	18	13	—	—	—	—	1	1	2	1	8	7	9	1	—	—
Puerperal sepsis, including post-abortive sepsis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other puerperal causes	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diseases of skin and organs of locomotion	15	3	12	—	—	—	—	—	—	—	3	2	4	5	1	—	—
Congenital malformations	15	8	7	9	4	1	—	—	—	—	—	—	—	—	—	—	—
Birth injuries, post-natal asphyxia and atelectasis	32	22	10	31	1	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia of newborn	5	2	3	5	—	—	—	—	—	—	—	—	—	—	—	—	—
Diarrhoea of newborn	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other infections of the newborn	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other diseases peculiar to early infancy	15	12	3	15	—	—	—	—	—	—	—	—	—	—	—	—	—
Senility	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Causes ill defined and unknown	13	2	11	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Suicide	7	4	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Motor vehicle accidents	19	9	10	—	—	—	—	2	2	3	3	4	4	1	—	—	—
Other road transport accidents	15	11	4	—	—	—	1	3	1	2	1	—	3	1	—	—	—
Other violence	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	92	49	42	2	8	2	—	3	4	7	2	12	18	23	9	—	—
2148	1039	1109	63	39	13	10	7	19	34	68	180	334	558	647	176	—	—

TABLE II.

Death-rates at Various Age-periods (from all causes each year, 1945-1953).

Age Periods.	1945. No. of Deaths.	Death- Rate.	1946. No. of Deaths.	Death- Rate.	1947. No. of Deaths.	Death- Rate.	1948. No. of Deaths.	Death- Rate.	1949. No. of Deaths.	Death- Rate.	1950. No. of Deaths.	Death- Rate.	1951. No. of Deaths.	Death- Rate.	1952. No. of Deaths.	Death- Rate.	1953. No. of Deaths.	Death- Rate.
All Ages	2,143	13.6	2,381	14.1	2,467	13.7	2,292	12.6	2,442	13.5	2,411	13.5	2,498	14.0	2,195	12.3	2,148	12.1
0-5	186	13.1	230	16.6	333	22.5	196	13.2	170	11.5	182	12.4	149	10.2	116	6.9	115	6.8
5-10 10-15	32	1.1	42	1.5	30	1.0	20	0.7	21	0.7	8	0.3	11	0.4	8	0.3	17	0.7
15-25	60	3.2	52	2.3	54	2.2	61	2.5	49	2.0	42	1.7	43	1.8	18	0.7	19	0.8
25-35	65	3.4	77	2.9	61	2.2	66	2.3	64	2.2	50	1.8	62	2.2	39	1.6	34	1.4
35-45	79	3.5	107	4.3	122	4.6	94	3.5	105	4.0	109	4.2	78	2.9	74	2.9	68	2.7
45-55	213	14.9	217	10.9	197	9.3	218	10.0	195	9.2	228	10.9	217	10.4	183	7.8	180	7.7
55-65	328	18.5	348	19.5	328	17.2	351	18.3	406	21.4	389	20.6	373	19.7	341	19.6	334	19.2
65-75	1,180	72.7	1,308	82.3	1,342	79.4	1,286	75.6	1,432	85.2	1,403	83.6	1,565	93.4	1,416	76.6	1,381	75.0
75-85																		
85 plus																		

TABLE III.

Death-rate (from all causes) each month during the years
1945-53

Month.	1945.	1946.	1947.	1948.	1949.	1950.	1951.	1952.	1953.
January	19.5	20.3	18.7	15.4	16.4	14.8	23.2	15.6	13.7
February	15.6	16.3	19.2	14.1	21.3	15.5	19.5	14.2	12.1
March	14.1	18.1	17.9	14.3	14.8	14.9	16.4	14.7	13.7
April	12.6	15.6	14.0	13.4	13.7	12.2	11.7	16.1	12.5
May	12.4	12.8	14.2	13.6	12.7	12.3	12.1	11.6	11.7
June	11.7	13.0	12.4	10.8	11.2	10.9	12.4	10.0	10.8
July	11.5	11.8	12.6	11.0	9.2	12.6	10.2	8.9	10.2
August	9.5	11.7	12.8	11.8	11.2	12.4	12.0	10.1	10.2
September	10.0	10.8	11.2	12.8	10.1	10.4	10.9	10.8	9.8
October	10.5	10.6	11.3	10.6	11.4	12.0	12.4	10.3	10.4
November	12.7	14.9	13.2	13.2	12.6	14.3	11.3	10.4	12.2
December	17.3	17.8	16.9	12.9	16.0	17.1	12.5	14.0	16.9

TABLE IV.

Death-rate (from all causes) in various Wards each year,
1944-53

Year	Whole City.	1	2	3	4	5	6	7	8	9	10 & 11	12
1944	14.6	11.5	12.2	14.8	18.1	21.9	11.3	19.8	12.9	13.3	15.7	11.6
1945	13.6	10.0	12.0	14.0	17.1	20.5	8.4	19.0	11.4	12.6	17.2	11.6
1946	14.1	11.6	13.1	14.2	15.6	21.8	10.8	18.5	11.8	12.4	16.1	12.1
1947	13.7	11.3	12.6	12.9	14.7	19.0	9.9	20.3	11.9	12.9	16.3	11.6
1948	12.6	8.3	12.6	13.4	17.5	17.5	9.2	14.7	10.1	11.1	14.3	12.3
1949	13.5	10.2	13.5	12.6	16.9	19.1	8.9	19.0	11.6	11.3	17.9	11.5
1950	13.5	9.9	11.1	15.3	15.9	18.1	8.9	21.4	11.1	13.9	16.9	11.3
1951	14.0	7.8	10.8	14.6	19.5	21.6	9.4	13.6	11.3	11.7	17.2	12.8
1952	12.3	9.2	13.6	11.0	12.3	12.2	15.7	10.6	14.1	14.2	12.0	13.9
1953	12.1	10.8	12.0	10.3	11.7	12.6	11.0	11.1	13.7	13.6	15.6	12.8

TABLE V.

Birth-rate in Various Wards Each Year, 1944-53

Year	Whole City.	1	2	3	4	5	6	7	8	9	10 & 11	12
1944	18.0	19.4	18.7	23.8	27.1	29.3	14.8	24.7	15.4	18.9	18.6	17.2
1945	16.1	16.2	12.9	20.2	21.8	24.9	10.1	19.3	11.3	14.1	14.6	13.5
1946	22.3	22.8	16.4	27.1	31.2	32.8	16.6	26.4	18.7	21.4	30.0	20.9
1947	23.1	19.9	16.8	29.5	31.2	32.0	19.0	22.8	20.0	18.5	22.5	21.2
1948	19.8	10.5	12.6	28.6	27.1	23.7	15.9	25.3	17.5	16.5	17.3	17.2
1949	18.7	15.7	14.2	25.2	26.1	21.8	14.8	26.3	14.4	15.4	15.3	17.3
1950	17.8	13.5	11.2	26.1	24.5	19.6	15.1	23.2	14.6	15.9	13.8	11.6
1951	17.6	13.2	12.1	27.9	25.6	18.0	13.6	31.5	13.3	15.3	10.5	14.4
1952	17.7	15.4	15.7	18.1	18.0	15.2	24.3	16.8	17.8	19.9	12.3	21.9
1953	17.9	16.6	14.2	18.1	17.7	20.2	21.0	16.4	15.9	20.6	12.9	21.5

TABLE VI.

Infantile Death-rate (per 1,000 births) in Various Wards Each Year,
1944-53

Year		Whole City.	1	2	3	4	5	6	7	8	9	10 & 11	12
1944	.....	60	52	46	64	76	73	58	34	78	58	23	70
1945	.....	57	33	59	51	84	45	75	69	47	93	38	27
1946	.....	47	51	38	67	42	46	54	26	50	41	55	47
1947	.....	70	81	86	77	52	59	92	57	82	103	24	58
1948	.....	47	52	46	41	57	48	63	54	29	52	16	69
1949	.....	44	48	52	35	62	50	38	36	39	46	36	35
1950	.....	50	48	67	46	49	35	68	60	35	78	20	44
1951	.....	41	31	69	45	35	46	61	32	62	20	34	35
1952	.....	31	24	14	24	27	42	35	27	46	31	35	34
1953	.....	32	18	32	36	41	39	32	25	39	40	7	28

TABLE VII.

Death-Rate in Various Wards from Principal Epidemic Diseases
Each Year, 1944-53

Year		Whole City.	1	2	3	4	5	6	7	8	9	10 & 11	12
1944	.....	.16	—	.10	.34	.20	.08	—	.25	.24	.18	.42	.06
1945	.....	.05	—	—	.07	—	—	—	—	—	.16	.31	.06
1946	.....	.21	.18	.18	.19	.24	.29	.25	.28	.16	.22	.19	.11
1947	.....	.08	.23	.08	—	.17	—	—	—	.10	.15	.18	—
1948	.....	.09	—	—	.12	—	.05	.06	.07	—	—	.09	.05
1949	.....	.11	—	—	.12	.33	.13	.11	.07	.10	.10	—	.10
1950	.....	.03	.06	—	—	.06	—	.11	—	—	.05	—	.05
1951	.....	.15	.12	.17	.06	.17	.20	.17	.15	.05	.21	.28	.10
1952	.....	.11	.15	.11	.17	.10	—	.29	.08	.14	.27	—	—
1953	.....	.05	.08	—	.04	—	.05	—	.04	—	.28	.09	—

TABLE VIII.

Pulmonary Tuberculosis Death-rate in Various Wards Each Year,
1944-53

Year		Whole City.	1	2	3	4	5	6	7	8	9	10 & 11	12
1944	.....	.73	.61	.58	.82	.72	1.42	.53	1.09	.78	.54	.32	.65
1945	.....	.68	.33	.95	.47	.97	1.40	.13	.74	.65	.58	.63	.76
1946	.....	.70	.55	.26	1.01	1.19	.79	.24	.61	.49	.92	.68	.70
1947	.....	.82	1.24	.99	.65	.84	1.42	.56	1.87	.36	.81	.63	.46
1948	.....	.65	.34	.41	.53	.78	1.27	.68	.93	.59	.61	.36	.71
1949	.....	.75	.40	.99	.71	1.12	1.42	.90	1.37	.51	.30	.45	.41
1950	.....	.58	.29	.67	.66	.96	.68	.52	1.67	.31	.31	.28	.31
1951	.....	.40	.06	.17	.54	.79	.48	.17	.87	.46	.31	.18	.31
1952	.....	.22	.08	.34	.26	.14	.15	.10	.37	.27	.41	.17	.07
1953	.....	.17	—	—	.09	.34	.20	.19	.37	.20	—	.09	.13

TABLE IX.

Tuberculosis (all forms) Death-rate in Various Wards Each Year
1944-53

Year		Whole City.	1	2	3	4	5	6	7	8	9	10 & 11	12
1944	.....	.88	.87	.77	.96	.85	1.60	.72	1.09	1.02	.65	.42	.65
1945	.....	.86	.46	1.43	.68	1.48	1.63	.19	.83	.83	.70	.63	.76
1946	.....	.87	.74	.35	1.07	1.37	1.01	.60	.77	.88	.98	.87	.70
1947	.....	.94	.92	1.32	.76	1.01	1.42	.79	2.16	.31	.81	.82	.46
1948	.....	.72	.41	.49	.53	.89	1.34	.73	.93	.61	.66	.45	.76
1949	.....	.84	.40	.99	.71	1.23	1.61	1.07	1.59	.56	.36	.45	.46
1950	.....	.62	.29	.75	.72	1.08	.75	.52	1.67	.42	.31	.28	.31
1951	.....	.44	.11	.17	.66	.85	.55	.17	.95	.46	.31	.37	.31
1952	.....	.25	.08	.34	.26	.14	.15	.10	.40	.27	.55	.26	.07
1953	.....	.20	.08	—	.17	.34	.24	.19	.41	.20	—	.09	.13

TABLE X.

Deaths and Death-rates from Various Groups of causes Each Year since 1946 (all ages)

Disease Group.	1946.		1947.		1948.		1949.		1950.		1951.		1952.		1953.	
	Pop.,	No. of	Pop.,	No. of	Pop.,	No. of	Pop.,	No. of	Pop.,	No. of	Pop.,	No. of	Pop.,	No. of	Pop.,	No. of
	169,197	Rate per	180,730	Rate per	181,805	Rate per	180,786	Rate per	178,349	Rate per	178,220	Rate per	177,868	Rate per	177,174	Rate per
	Deaths	1000 Pop.	Deaths	1000 Pop.	Deaths	1000 Pop.	Deaths	1000 Pop.	Deaths	1000 Pop.	Deaths	1000 Pop.	Deaths	1000 Pop.	Deaths	1000 Pop.
Congenital	105	.62	117	.65	64	.35	93	.52	96	.53	75	.43	65	.37	68	.38
Digestive	101	.60	184	1.02	152	.83	110	.61	106	.60	113	.64	84	.47	80	.45
Respiratory	210	1.24	246	1.36	196	1.08	234	1.24	190	1.07	263	1.42	184	1.03	164	.93
Infective	198	1.17	195	1.08	150	.82	156	.87	116	.65	100	.56	61	.34	42	.24
Circulatory	855	5.05	762	4.22	782	4.30	893	4.95	845	4.74	867	4.78	815	4.58	769	4.34
Genito-urinary	75	.44	79	.44	86	.47	76	.42	51	.29	70	.40	42	.24	67	.38
Malignant	333	1.97	328	1.81	376	2.07	384	2.13	448	2.52	409	2.30	420	2.36	417	2.35
Nervous	277	1.64	326	1.80	265	1.46	311	1.73	313	1.76	303	1.70	322	1.81	323	1.82
Other Causes	227	1.34	230	1.27	221	1.22	185	1.03	246	1.38	298	1.68	202	1.14	218	1.23
	2,381	14.1	2,467	13.7	2,292	12.6	2,442	13.5	2,411	13.54	2,498	14.00	2,195	12.34	2,148	12.12

TABLE XI.
Certified Causes of Death at Various Ages Under 1 Year During 1953

Cause of Death.	WEEKS			MONTHS			Total.	Under 2	2/3	3/6	6/9	9/12	Total
	Under 1	1/2	2/3	3/4	Under 2	2/3							
Enteric Fever
Typhus Fever
Smallpox
Measles
Scarlet Fever
Whooping Cough
Diphtheria
Infantile Paralysis
Cerebro-spinal Meningitis
Tuberculosis—													
Lung	1	.....	1	2
General
Abdominal
Brain
Other Forms
Influenza
Other Infectious Diseases
Pneumonia (all forms)
Bronchitis
Laryngitis
Other Diseases of Respiratory System
Diarrhoea and Enteritis
Other Diseases of Digestive System
Meningitis (not T.B.)
Convulsions
Other Diseases of Nervous System
Congenital Malformations
Congenital Debility, Icterus, Sclerema, Marasmus
Premature Birth
Injury at Birth, Post Natal Asphyxia, Atelectasis
Other Diseases peculiar to Early Infancy
Suffocation, Over-laying
Rickets
Syphilis
Violence
All other causes
TOTAL	52	8	—	3	8	63	—	8	6	16	4	5	102

TABLE XII.

Infant Mortality Rates from Various Groups of causes Each
Year, 1944-53

Year.	Congenital.	Digestive.	Respiratory.	Infectious Disease.	All Other Causes.	Rate per 1,000
1944	33	5	14	1	7	60
1945	26	7	10	1	13	57
1946	22	3	11	1	10	47
1947	28	20	14	1	7	70
1948	20	16	7	2	2	47
1949	27.5	4	8	0.3	4.2	44
1950	25	4	15	1	5	50
1951	21.6	2.2	12.4	0.3	4.2	40.7
1952	20.1	1.9	4.1	0.6	4.1	30.8
1953	19.2	1.2	5.4	0.3	6.0	32.1

TABLE XIII.

Infant Mortality Rates from all causes at Various Age Periods,
1944-53

Year.	Births.	Death-Rates			
		Under 1 Week.	Under 1 Month.	Under 3 Months.	Under 1 Year
1944	3,174	18	29	35	60
1945	2,832	25	34	37	57
1946	3,941	20	27	35	47
1947	4,169	24	33	47	70
1948	3,598	13	19	30	47
1949	3,385	24	28	33	44
1950	3,171	22	29	39	50
1951	3,142	20	25	32	41
1952	3,145	16	20	24	31
1953	3,174	16	20	24	32

TABLE XIV.

Number of Illegitimate Births, Number of Deaths (under 1 year)
of Illegitimate Infants, and Death-rate per 1,000 Illegitimate
Births since 1944

Year	Illegitimate Births.	Deaths of Illeg. Infants.	Rate per 1,000 Illeg. Births.
1944	294	24	82
1945	282	28	99
1946	281	23	82
1947	275	30	109
1948	214	17	79
1949	232	15	65
1950	208	23	110
1951	210	13	62
1952	205	14	68
1953	180	14	78

TABLE XV.

Table showing Number of Still Births and Rate per 1,000 Births,
1944-53

Year	No. of Still-Births.	Total of Live Births and Still-Births.	Rate per 1,000 total Births (Live & Still)
1944	146	3,390	43.07
1945	90	2,922	30.80
1946	136	4,077	33.65
1947	108	4,277	25.25
1948	108	3,707	29.13
1949	96	3,481	27.58
1950	100	3,271	30.58
1951	82	3,224	25.43
1952	76	3,221	23.59
1953	80	3,254	24.59

TABLE XVI.

Annual Death-Rate per 100,000 population and Case Mortality,
per cent., from Measles and Whooping Cough Each Year
since 1944

MEASLES.					WHOOPIING COUGH.			
Year	Cases	Deaths	Death Rate per 100,000	Case Mortality per cent.	Cases	Deaths	Death Rate per 100,000	Case Mortality per cent.
1944	1,188	10	6.5	.84	352	—	—	—
1945	306	4	2.5	1.31	164	1	.6	.61
1946	1,671	10	5.9	.6	522	3	1.8	.57
1947	424	2	1.1	.5	455	3	1.7	.65
1948	1,322	2	1.1	.15	366	4	2.2	1.08
1949	324	1	0.6	.31	249	—	—	—
1950	1,097	—	—	—	1,203	1	0.6	.08
1951	503	—	—	—	1,198	—	—	—
1952	887	1	0.6	.11	669	1	0.6	.15
1953	707	—	—	—	421	1	0.6	.24

TABLE XVII.

Maternal Mortality Rates — Number of Deaths per 1,000
Registered Births, 1944-53

1944.	1945.	1946.	1947.	1948.	1949.	1950.	1951.	1952.	1953.
3.47	3.5	2.0	.96	1.4	2.3	0.3	1.6	0.6	—

TABLE XVIII.

Death-rates per 100,000 Each Year since 1944 from the
Respiratory Diseases (including Bronchitis, Pneumonia
(all forms), Pleurisy, Laryngitis, etc.)

Year.	Total Deaths.	Death-rate per 100,000
1944	222	143.4
1945	158	100.6
1946	210	124.1
1947	246	136.1
1948	196	107.8
1949	219	121.1
1950	185	103.1
1951	263	147.6
1952	181	101.8
1953	164	92.6

TABLE XIX.

Deaths in which Influenza was given as a cause of Death
Each Month, January, 1945, to December, 1953

Months.	1945.	1946.	1947.	1948.	1949.	1950.	1951.	1952.	1953.
January	0	10	1	2	1	1	16	0	1
February	2	8	1	1	12	1	6	0	1
March	0	1	0	1	1	1	1	6	2
April	0	0	0	0	0	1	0	9	0
May	1	0	1	0	0	1	0	2	0
June	0	0	0	0	0	0	0	0	0
July	0	0	0	0	0	0	0	0	0
August	0	0	0	0	0	0	0	0	0
September	0	0	0	0	0	0	1	0	0
October	0	0	0	0	0	0	0	0	0
November	0	1	0	3	0	0	1	0	0
December	0	0	4	2	1	0	0	0	3
	3	20	7	9	15	5	25	17	7

TABLE XX.

Deaths in which Influenza appeared as a cause in Death
Certificate, 1945-53, Classified in Age Periods

Age Periods.	1945.	1946.	1947.	1948.	1949.	1950.	1951.	1952.	1953.
Under 1 year	0	0	1	0	0	0	1	0	0
1—5 years	0	1	0	1	0	1	0	0	0
5—15 years	0	1	0	0	0	0	0	0	0
15—25 years	0	0	0	0	0	0	2	0	1
25—45 years	0	3	0	1	1	1	1	2	1
45—65 years	0	4	1	0	3	0	8	6	0
65 and upwards	3	11	5	7	11	3	13	9	5
	3	20	7	9	15	5	25	17	7

TABLE XXI.

INFECTIOUS DISEASES.—Number of Cases of each disease notified and accepted in Dundee during the

year 1953

Also Number Removed and Number Not Removed to Hospital

		All Ages	Under 1 Year	1-5 Years	5-15 Years	15-25 Years	25-35 Years	35-45 Years	45-65 Years	65 plus	Cases Removed to Hospital	Cases Not Removed to Hospital
Cerebro-Spinal Fever	M	15	4	2	5	1	3	—	—	—	15	—
	F	17	4	8	3	2	—	—	—	—	16	1
Chickenpox	M	423	5	78	338	1	1	—	—	—	23	400
	F	426	5	78	339	1	2	—	1	—	18	408
Cholera	M	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—
Continued Fever	M	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	M	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—
Dysentery	M	274	36	169	38	5	4	7	12	3	250	24
	F	257	22	143	38	14	11	13	7	9	217	40
Encephalitis Lethargica	M	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	M	29	1	1	—	—	5	2	14	6	13	16
	F	42	—	—	—	2	4	6	23	7	13	29
Jaundice, Acute Infective	M	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—
Malaria	M	9	—	—	—	8	1	—	—	—	6	3
	F	—	—	—	—	—	—	—	—	—	—	—
Measles	M	317	15	151	204	1	—	—	—	—	126	245
	F	336	19	122	193	—	2	—	—	—	98	238
Ophthalmia Neonatorum	M	67	67	—	—	—	—	—	—	—	—	67
	F	62	62	—	—	—	—	—	—	—	—	62
Plague	M	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—
Pneumonia, Acute Influenzal	M	5	—	1	—	—	1	1	1	1	—	5
	F	7	—	1	—	—	2	1	1	1	—	7
Pneumonia, Acute Primary	M	272	50	107	44	10	12	9	24	16	129	143
	F	207	40	77	29	11	10	6	20	14	98	109
Pneumonia (not otherwise notifiable)	M	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—
Polionmyelitis, Acute	M	3	—	1	2	—	—	—	—	—	3	—
	F	3	—	2	1	—	—	—	—	—	3	—
Puerperal Fever	M	—	—	—	—	—	—	2	—	—	—	—
	F	5	—	—	—	1	2	—	—	—	5	—
Puerperal Pyrexia	M	—	—	—	—	—	—	—	—	—	—	—
	F	25	—	—	—	11	10	4	—	—	14	11
Scarlet Fever	M	122	1	63	53	3	1	1	—	—	75	47
	F	132	1	50	78	2	—	—	—	1	78	54
Smallpox	M	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—
Typhoid Fever	M	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—
Para-Typhoid A	M	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—
Para-Typhoid B	M	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—
Typhus Fever	M	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	M	186	24	91	71	—	—	—	—	—	23	163
	F	235	29	109	97	—	—	—	—	—	44	191
Leprosy	M	1	—	—	—	—	1	—	—	—	—	1
	F	—	—	—	—	—	—	—	—	—	—	—
Anthrax	M	1	—	—	—	—	1	—	—	—	1	—
	F	—	—	—	—	—	—	—	—	—	—	—
Group	M	7	3	3	1	—	—	—	—	—	7	—
	F	6	3	3	—	—	—	—	—	—	6	—
Food Poisoning	M	2	1	—	1	—	—	—	1	—	2	—
	F	4	—	—	1	1	—	1	—	—	4	—
TOTAL	M	1787	206	667	757	29	30	20	52	26	673	1114
	F	1764	186	593	780	45	43	33	52	32	614	1150

TABLE XXII.

Monthly Notifications and Intimations of Infectious Diseases, Dundee, 1953

Disease.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total.	Accepted	Total
Cerebro-Spinal Fever	8	2	3	5	8	3	7	8	7	5	7	2	65	32	32
Chickenpox	189	177	133	59	34	60	20	2	28	24	65	65	856	849	849
Continued Fever (undulant)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Croup	2	3	1	—	2	2	1	—	2	2	—	1	16	13	13
Diphtheria	—	—	—	—	—	1	—	—	—	1	1	2	5	—	—
Dysentery	79	72	77	43	29	63	24	32	27	45	39	39	569	531	531
Encephalitis Lethargica	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	11	9	7	5	4	4	4	6	4	5	8	9	76	71	71
Food Poisoning	—	—	—	—	—	3	—	1	—	—	—	2	6	6	6
Leprosy	1	—	—	—	—	—	—	—	—	—	—	—	1	1	1
Malaria	1	—	—	2	—	1	1	2	1	1	1	—	10	9	9
Measles	49	131	166	134	67	70	39	11	7	2	4	2	682	707	707
Ophthalmia Neonatorum	9	12	12	11	17	17	8	7	11	9	7	9	129	129	129
Pneumonia, Acute Influenzal	—	—	5	1	—	—	—	1	—	1	1	3	12	12	12
Pneumonia, Acute Primary	28	37	60	45	31	20	26	12	16	29	38	121	463	479	479
Polio-myelitis, Acute	—	—	—	—	—	—	1	—	—	3	1	1	6	6	6
Puerperal Fever	1	—	—	1	—	—	—	—	2	—	1	—	5	5	5
Puerperal Pyrexia	1	2	13	1	—	1	1	—	2	—	2	2	25	25	25
Scarlet Fever	38	35	21	16	21	23	16	19	21	23	26	31	290	254	254
Paratyphoid B	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—
Typhoid Fever	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—
Whooping Cough	26	27	56	37	32	14	19	11	23	29	81	64	419	421	421
	443	507	554	360	245	282	169	112	151	179	282	353	3637	3550	3550

TABLE XXIV.

TUBERCULOSIS—Notifications and Deaths, with corresponding rates per 1,000 population for Each Year since 1944.

	Estimated Population.	Notification and Case Rate			Deaths and Death-Rates		
		Pulmonary Tuberculosis No. per 1,000	Non-Pulmonary Tuberculosis No. per 1,000	Tuberculosis (all forms) No. per 1,000	Pulmonary Tuberculosis No. per 1,000	Non-Pulmonary Tuberculosis No. per 1,000	Tuberculosis (all forms) No. per 1,000
1944	248	57	305	113	23	136
	154,845		1.97	.73	.15	.88
1945	274	77	351	106	29	135
	156,999		2.24	.68	.18	.86
1946	270	51	321	118	29	147
	169,197		1.90	.70	.17	.87
1947	359	77	436	149	20	169
	180,730		2.41	.82	.12	.94
1948	358	59	417	118	12	130
	181,805		2.29	.65	.07	.72
1949	414	42	456	136	15	151
	180,786		2.52	.75	.09	.84
1950	511	45	556	104	7	111
	178,349		3.12	.58	.04	.62
1951	331	46	377	71	8	79
	178,220		2.12	.40	.04	.44
1952	278	53	331	40	4	44
	177,868		1.86	.22	.03	.25
1953	290	35	325	30	5	35
	177,174		1.84	.17	.03	.20

TABLE XXV.

PULMONARY TUBERCULOSIS—Notifications and Deaths
with corresponding rates per 1,000 population for each
sex Each Year since 1944

Year	Notifications.				Deaths			
	Males		Females		Males		Females	
	No.	per 1,000	No.	per 1,000	No.	per 1,000	No.	per 1,000
1944	112	1.61	136	1.57	54	.82	59	.69
1945	153	2.17	121	1.40	57	.81	49	.57
1946	146	—	124	—	54	—	64	—
1947	194	—	165	—	74	—	75	—
1948	182	—	176	—	67	—	51	—
1949	195	—	219	—	79	—	57	—
1950	219	—	195	—	58	—	46	—
1951	168	—	163	—	45	—	26	—
1952	145	1.78	133	1.38	29	.36	15	.16
1953	150	1.85	140	1.46	15	.19	15	.16

TABLE XXVI.

PULMONARY TUBERCULOSIS—Deaths in Institutions
Each Year since 1945

	1945	1946	1947	1948	1949	1950	1951	1952	1953
Total Deaths from Pul. Tuberculosis	106	118	149	118	136	104	79	40	30
No. of Deaths from Pul. Tuberculosis in Institutions	52	44	78	48	49	52	49	23	18
Percentage of Total Deaths from Pul. Tuberculosis dying in Institutions	49.1	37.3	52.3	40.7	36.0	50.0	62.0	57.5	60.0

TABLE XXVII.

MALIGNANT DISEASES—Number of Deaths and Death-rates
per 10,000 population Each Year since 1944

Year	Males		Females		Total	Rates
1944	159	.....	178	337	21.76
1945	159	.....	182	341	21.72
1946	145	.....	188	333	19.68
1947	168	.....	160	328	18.15
1948	175	.....	201	376	20.68
1949	188	.....	196	384	21.24
1950	227	.....	221	448	25.12
1951	186	.....	223	409	22.95
1952	213	.....	207	420	23.61
1953	219	.....	198	417	23.54

TABLE XXIX.

Number of Births per 1,000 population, Illegitimate Births per
100 Registered Births, and Marriages per 1,000 population
Each Year since 1944

Year	Birth-rate	Illegitimate-rate	Marriage rate
1944	18.0	9.3	8.1
1945	16.1	10.0	10.7
1946	22.3	7.1	10.5
1947	23.1	6.6	10.0
1948	19.8	5.9	9.5
1949	18.7	6.9	8.7
1950	17.8	6.6	8.9
1951	17.6	6.7	8.9
1952	17.7	6.5	9.4
1953	17.9	5.7	9.0

MATERNITY AND CHILD WELFARE SERVICES

REPORT by Dr ANNIE A. FULTON

Registration of Births

The number of live births registered in Dundee during 1953 was 3,726 and after correction for transfers (576 outward and 24 inward) 3,174 (1,629 males and 1,545 females). This represents a birth rate of 17.9 per 1,000 of the population compared with 17.7 in 1952 and 17.6 in 1951.

The number of illegitimate live births registered in the city was 268 and after allowing for transfers (96 outward and 8 inward) the corrected number was 180 (82 males and 98 females) which is equivalent to an illegitimate rate of 5.7% of all live births compared with 6.5% in 1952 and 6.7% in 1951.

The stillbirth rate for the year was 25 per 1,000 live and stillbirths. 109 stillbirths were registered in the city but the parents of only 80 (43 males and 37 females) were normally resident in Dundee.

Year		Live Birth Rate (per 1,000 population)		Illegitimate Rate (per 100 live births)		Stillbirth Rate (per 1,000 tot. births)	
		Dundee	Scotland	Dundee	Scotland	Dundee	Scotland
1947	.....	23.1	22.0	6.6	5.6	25	31
1948	.....	19.8	19.4	5.9	5.8	29	29
1949	.....	18.7	18.5	6.9	5.5	28	27
1950	.....	17.8	17.9	6.6	5.2	31	27
1951	.....	17.6	17.7	6.7	5.1	25	27
1952	.....	17.7	17.7	6.5	4.8	24	26
1953	.....	17.9	17.8	5.7	4.7	25	25

Notification of Births Acts.

Under the Notification of Births Acts 3,729 live births and 106 stillbirths were notified and 12 live births were unnotified. Of the 3,847 total births 274 live births and 53 stillbirths were notified as premature and 280 live births and 10 stillbirths were illegitimate.

Number of Births Occurring in the Area*

No. of Live Births:—

Notified	.....	.....	3,729
Unnotified	.....	.....	12
		—	3,741

No. of Still Births:—

Notified	.....	.....	106
Unnotified	.....	.....	0
		—	106

Total No. of Births 3,847

No. Illegitimate	.....	.....	Live	.....	280
			Still	.....	10
				—	290 (7.54 % of total births)

No. Premature	.....	.....	Live	.....	274
			Still	.....	53
				—	327 (8.50 % of total births)

* The number of births occurring in the area during the year is not the same as the number registered during the year owing to the period of 21 days allowed for registration. The figures include children born in institutions whose parents normally live outwith the city.

Classification of Births according to Nature of Attendance at Confinement

Domiciliary Cases—				Percentage
	Notified.	Unnotified.	Total.	of Births.
Doctor and/or Midwife	..... 238	4	242	6.29
Royal Infirmary (outdoor)	254	0	254	6.60
Unattended	..... 1	3	4	0.10
	—	—	—	—
	493 (98.6 %)	7 (1.4 %)	500	13.00
Institutional Cases—				
Royal Infirmary (indoor)	... 1,329	0	1,329	34.55
Maryfield Hospital	..... 1,481	2	1,483	38.55
Clement Park	..... 285	1	286	7.43
Other Nursing Homes	..... 247	1	248	6.45
King's Cross Hospital	..... 0	1	1	0.03
	—	—	—	—
	3,342 (99.9 %)	5 (0.1 %)	3,347	87.00
	—	—	—	—
	3,835 (99.7 %)	12 (0.3 %)	3,847	100.00
	—	—	—	—

Year	Total Births.	Percentage Notified.	Institutional Confinements		Domiciliary Confinements	
			No.	Percentage.	No.	Percentage.
1947	4,809	98.9	3,984	82.9	825	17.1
1948	4,207	98.9	3,527	83.8	680	16.2
1949	3,971	99.1	3,389	85.3	582	14.7
1950	3,782	99.3	3,212	84.9	570	15.1
1951	3,707	99.7	3,154	85.1	553	14.9
1952	3,699	99.7	3,230	87.3	469	12.7
1953	3,847	99.7	3,347	87.0	500	13.0

The actual number of institutional births showed an increase from 3,230 in 1952 to 3,347 in 1953 but the proportion of hospital confinements in relation to the total number of births has decreased from 87.3% to 87.0%.

The New National Insurance Act makes a distinction between women who take advantage of hospital treatment under the National Health Services and those who are confined at home or elsewhere at their own expense by providing an additional benefit for the latter to counter-balance the financial inducement to seek a confinement in hospital. For each birth £9 is paid with an additional £3 when the baby is born at home or when the cost of accommodation and maintenance are not met wholly or partly from public funds. The effects of the new Act are not fully apparent as the legislation only came into force in October 1953.

There was an increase in the number of births in the Royal Infirmary from 1,305 to 1,329, in Maryfield Hospital from 1,383 to 1,483, and in Clement Park from 251 to 286. There was a slight decrease in the number of births in other nursing homes from 290 to 248. This information is detailed in the following table:—

Classification of Births according to place of confinement

Domiciliary		1949	1950	1951	1952	1953
Doctor and/or Midwife	----	250 (5.3%)	245 (6.5%)	257 (6.9%)	216 (5.8%)	242 (6.3%)
Royal Infirmary (outdoor)	.....	329 (8.3%)	325 (8.6%)	296 (8.0%)	253 (6.8%)	254 (6.6%)
Unattended	.....	3 (0.1%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	4 (0.1%)
Institutional						
Royal Infirmary (indoor)	----	1,362 (34.3%)	1,271 (33.6%)	1,301 (35.1%)	1,305 (35.3%)	1,329 (34.5%)
Maryfield Hospital	.....	1,218 (30.7%)	1,234 (32.6%)	1,269 (34.2%)	1,383 (37.4%)	1,483 (38.5%)
Clement Park	.....	353 (8.9%)	330 (8.7%)	259 (7.0%)	251 (6.8%)	286 (7.4%)
Other Nursing Homes	.....	456 (11.5%)	375 (9.9%)	325 (8.8%)	290 (7.8%)	248 (6.4%)
King's Cross Hospital	.....	0 (0.0%)	2 (0.05%)	0 (0.0%)	1 (0.03%)	1 (0.03%)
		<u>3,971</u>	<u>3,782</u>	<u>3,707</u>	<u>3,699</u>	<u>3,847</u>

Midwifery Service

The Local Authority have obligations under Section 23 of the National Health Service (Scotland) Act, 1947, with regard to domiciliary midwifery and until 1953 the Regional Hospital Board undertook the services on behalf of the Local Authority. At the beginning of 1953 new proposals of the Dundee Local Health Authority for providing a domiciliary service of midwives were approved by the Secretary of State for Scotland and in the new scheme it is proposed that the Local Authority take over all the domiciliary midwifery in the city; at the same time facilities will be granted to the Regional Hospital Board for the training of pupil midwives.

The number of midwives estimated to be necessary to undertake all domiciliary confinements in the city is that equivalent to eight whole-time midwives. As in 1953 only three full-time domiciliary midwives had taken up duty, cases for home confinement were also conducted by private practising midwives on a fee-per-case basis and by the outdoor staff of the Dundee Royal Infirmary.

During the year 233 women applied to the Local Authority for the services of a midwife and in all cases a doctor was also engaged.

Month of pregnancy at time of booking.									Total.
1	2	3	4	5	6	7	8	9	
0	7	23	43	62	59	23	12	4	233

Of the 233 women 135 (57.9%) applied to the Local Authority before the sixth month of pregnancy and 59 (25.3%) during the sixth month. More than half the women booked before the sixth month and more than four-fifths before the beginning of the seventh month. It is satisfactory to note that expectant mothers are tending to book earlier although almost one-fifth are still postponing making arrangements until the last weeks of pregnancy.

Bookings for Domiciliary Midwifery Service.

	Before 6th month.		During 6th month.		After 6th month.	
1948	6 (5.4%)	19 (17.0%)	87 (77.7%)		
1949	111 (50.9%)	49 (22.5%)	58 (26.6%)		
1950	125 (56.6%)	50 (22.6%)	46 (20.8%)		
1951	130 (54.2%)	52 (21.7%)	58 (24.2%)		
1952	100 (51.8%)	53 (27.5%)	40 (20.7%)		
1953	135 (57.9%)	59 (25.3%)	39 (16.7%)		

Analysis of Domiciliary births showing attendance at birth

(1) Cases dealt with under Section 23 (2) of the National Health Service (Scotland) Act, 1947:—				
(a) doctor engaged and present at confinement	.....	.....	77	
(b) doctor engaged but not present at confinement	.....	.....	156	
(c) midwife alone (no doctor engaged)	.....	.....	0	
(2) Other domiciliary cases:—				
(a) doctor engaged	.....	.....	9	
(b) midwife alone (no doctor engaged)	.....	.....	0	
(c) conducted by outdoor staff of institution	.....	.....	254	(includes 5 cases booked under (1))
(d) unattended	.....	.....	4	
			<hr/>	
			500	

Nature of attendance at Scheme Cases

	Private practising midwives.	Municipal midwives.	Total.
(a) doctor engaged and present at confinement	..... 73 (74 births)	3	76 (77 births)
(b) doctor engaged but not present at confinement	..... 147 (151 births)	10	157 (161 births)
(c) no doctor engaged	0	0	0
		<hr/>	<hr/>
		220 (225 births)	233 (238 births)

All the municipal midwives are qualified to administer gas and air analgesia and two sets of gas and air apparatus have been acquired by the Local Authority. As these were not available until 1954 no gas and air was administered by municipal midwives during 1953.

Pethidine was given by the municipal midwives in 12 cases and by private practising midwives in 82 cases.

Stillbirths

As already stated the stillbirth rate was 25 compared with 24 for 1952 and 25 for 1951. 109 infants were stillborn and of these 13 (11.9%) were illegitimate and 56 (51.4%)

were premature. During 1953 of the infants born in institutions 106 (i.e. 3.2%) and of those born at home 3 (i.e. 0.6%) were stillborn. The parents of 29 of the dead born infants were normally resident outwith the city.

**Comparison of Stillbirth Rates with other Scottish Cities
and with the national rate.**

	1950.	1951.	1952.	1953.
Scotland	27	27	26	25
Glasgow	29	28	27	27
Edinburgh	24	27	27	22
Aberdeen	22	21	18	20
Dundee	31	25	24	25

Table 1a
Causes of Pre-natal Death.
Dundee Cases.

1. Diseases in or accident to mother.

Eclampsia, pre-eclampsia and hypertension	Males.	Females.	Total.
.....	4(4)	4(1)	8(5)
Accidental haemorrhage	7(4)	2(2)	9(6)
Placenta praevia	0	1	1
Infarction of placenta	4(2)	2(1)	6(3)
Placental insufficiency	1(1)*	1	2(1)
Hydramnios	0	1(1)	1(1)
Abdominal gestation	0	1	1
			—— 28(16)

2. Difficulties in labour.

Abnormal presentation of foetus	3	0	3
Prolonged or difficult labour	0	2	2
Pressure on cord due to prolapse, etc.	4(2)	3(1)	7(3)
Intracranial haemorrhage	3	1*	4
			—— 16(3)

3. Foetal anomalies and deformities.

Anencephalus	4(4)	4(3)	8(7)
Hydrocephalus	1	0	1
Other congenital abnormalities	2(1)*	3(1)	5(2)
Hydrops foetalis, erythroblastosis, etc.	3(1)	2(2)	5(3)
			—— 19(12)

4. Ill defined or unknown cause.

Asphyxia	1	4(1)	5(1)
Atelectasis	1	0	1
Prematurity	3(3)	1(1)	4(4)
Macerated foetus	2	5(2)	7(2)
			—— 17(7)

—— 80(38)

* Includes one case associated with multiple pregnancy.

Figures in brackets denote the number of premature births.

Table 1b

Causes of Pre-natal Death.

Cases where the parents were normally resident
Outwith the City.

1. Diseases in or accident to mother.

	Sex			Total.
	Males.	Females.	ind.	
Accidental haemorrhage	2(2)	3(2)	0	5(4)
Maternal diabetes	0	1	0	1
Pneumonia of mother	0	1(1)	0	1(1)
				— 7(5)

2. Difficulties in Labour.

Malpresentation and pro-				
longed labour	1	1	0	2
Pressure on cord due to pro-				
lapse, etc.	1	2	0	3
Intracranial haemorrhage	1	0	0	1
				— 6

3. Foetal anomalies and deformities.

Malformation of foetus	1(1)	6(5)	1(1)	8(7)
Hydrops foetalis,				
erythroblastosis, etc.	1	1(1)	0	2(1)
				— 10(8)

4. Ill defined or unknown cause.

Asphyxia	1	2(2)	0	3(2)
Prematurity	2(2)	1(1)	0	3(3)
				— 6(5)
				— 29(18)

Figures in brackets denote the number of premature births.

Stillbirths (2)

Legitimacy.

Sex.	Legitimate.	Illegitimate.	Total.
Males	47 (88.7%)	6 (11.3%)	53
Females	48 (87.3%)	7 (12.7%)	55
Sex indeterminate	1 (100.0%)	0 (0.0%)	1
	—	—	—
	96 (88.1%)	13 (11.9%)	109

Stillbirths (3)

Prematurity.

Sex	Full-time.	Premature.	Total.
Males	26 (49.1%)	27 (50.9%)	53
Females	27 (49.1%)	28 (50.9%)	55
Sex indeterminate	0 (0.0%)	1 (100.0%)	1
	—	—	—
	53 (48.6%)	56 (51.4%)	109

Stillbirths (4)

Sex.	Place of Delivery.		Total.
	Institution.	At Home.	
Males	52 (98.1%)	1 (1.9%)	53
Females	53 (96.4%)	2 (3.6%)	55
Sex indeterminate	1 (100.0%)	0 (0.0%)	1
	<hr/> 106 (97.2%)	<hr/> 3 (2.8%)	<hr/> 109

Stillbirths (4a)

Place of Delivery.	Total Births.	No. Stillborn.	Percentage.
Institutional—			
Royal Infirmary (indoor)	1,329	53	
Maryfield Hospital	1,483	46	
Nursing Homes	534	7	
King's Cross Hospital	1	0	
	<hr/> 3,347	<hr/> 106	3.2 (2.6)
Domiciliary—			
Royal Infirmary (outdoor)	254	2	
Midwife and/or Doctor	242	1	
Unattended	4	0	
	<hr/> 500	<hr/> 3	0.6 (1.9)
	<hr/> 3,847	<hr/> 109	2.8 (2.5)

Percentages in brackets give the corresponding information for 1952.

Stillbirths (4b)

Place of Delivery.	Number of Dundee births.	Number of Dundee stillbirths.	Rate per 1,000 births.
Institutional—			
Royal Infirmary (indoor)	1,123	33	29.4
Maryfield Hospital	1,360	41	30.1
Nursing Homes	293	3	10.2
Domiciliary—			
Royal Infirmary (outdoor)	250	2	8.0
Midwife and/or Doctor	241	1	4.1
Unattended	4	0	0.0
	<hr/> 3,271	<hr/> 80	<hr/> 24.5

Stillbirths (5)**Age of Mother—Dundee Cases.**

	15-19 yrs.	20-24 yrs.	25-29 yrs.	30-34 yrs.	35-39 yrs.	40 yrs. & over.	Total.
Males	2(1)	12(7)	9(6)	11(4)	3(1)	6(3)	43(22)
Females	2(1)	5(3)	10(4)	7(3)	5(1)	8(4)	37(16)
	<hr/> 4(2)	<hr/> 17(10)	<hr/> 19(10)	<hr/> 18(7)	<hr/> 8(2)	<hr/> 14(7)	<hr/> 80(38)

The figures in brackets show the number of premature deliveries.

Stillbirths (6)

Parity of Mother—Dundee Cases.

	1	2	3	4	5	6	7	8	9	10	11	12	Total.
Males	18(12)	6(3)	3(1)	7(2)	1	3(1)	2	0	1(1)	2(2)	0	0	43(22)
Females	12(5)	8(3)	3(3)	1(1)	3	3(1)	2(1)	1(1)	1(1)	0	1	2	37(16)
	30(17)	14(6)	6(4)	8(3)	4	6(2)	4(1)	1(1)	2(2)	2(2)	1	2	80(38)

The figures in brackets show the number of premature deliveries.

Stillbirths (7)

Employment of Mother during Pregnancy—Dundee Cases.

Employed.	Not employed apart from home duties.	Total.
46	34	80

Stillbirths 7(a)

Type of and Duration of Employment of Mother during Pregnancy.

Type of Employment.	Duration of Employment in Months.											Total.
	0-1	1	2	3	4	5	6	7	8	9		
Workers in jute and allied trades	1(1)	0	1	4(2)	2(1)	4(3)	3(1)	3(2)	3(2)	0	21(12)	
Workers in light industries	0	0	0	0	1	1(1)	2	0	0	0	4(1)	
Shop assistants, barmaids, waitresses	0	0	1	1	0	1(1)	0	2(1)	1(1)	0	6(3)	
Domestic workers	0	1(1)	0	0	0	2(1)	1(1)	2(1)	0	0	6(4)	
Clerkesses	0	0	1(1)	1	0	0	2(1)	1	0	0	5(2)	
Teachers	0	0	0	0	0	0	1(1)	0	0	0	1(1)	
Outdoor workers	0	0	0	0	0	0	1	0	1(1)	0	2(1)	
Unknown	0	0	0	0	0	0	1(1)	0	0	0	1(1)	
	1(1)	1(1)	3(1)	6(2)	3(1)	8(6)	11(5)	8(4)	5(4)	0	46(25)	

The figures in brackets show the number of premature deliveries.

Infant Mortality

Year.	Neo-Natal Rate Dundee	Rate from 4 wks.-12 mths. Dundee	Infant Mortality Rate Scotland.	Infant Mortality Rate Dundee.	Stillbirth Rate Scotland.	Infant Mortality Rate plus Stillbirth Rate Dundee.	Stillbirth Rate Scotland.	Infant Mortality Rate plus Stillbirth Rate Dundee.
1946	27	20	54	47	32	34	86	81
1947	33	37	56	70	31	25	87	95
1948	19	28	45	47	29	29	74	76
1949	28	16	41	44	27	28	68	72
1950	29	21	39	50	27	31	66	81
1951	25	15	37	41	27	25	64	66
1952	20	11	35	31	26	24	61	55
1953	20	12	31	32	25	25	56	57

During 1953 there were 102 registered infant deaths (61 males and 41 females) and the infant mortality per 1,000 live births was 32 compared with 31 in the previous year which was the lowest infant mortality rate ever recorded for the city. Of the total deaths male infants were responsible for 59.8%.

As 63 infants (41 males and 22 females) died before reaching the age of four weeks the neo-natal mortality was 20 per 1,000 live births, i.e. the same rate as in 1952. The proportion of the total infant deaths which occurred in the neo natal period was 61.8% compared with 63.9% in the previous year.

Thirty-nine infants (20 males and 19 females) died between the ages of four weeks and twelve months which is equivalent to a mortality rate of 12 for this age period compared with 11 in 1952.

**Comparison of Infant Mortality Rates with other Scottish Cities
and with National Rates.**

	England and Wales.	Scotland.	Glasgow.	Edinburgh.	Aberdeen.	Dundee.
1950 ...	30	39	44	29	29	50
1951 ...	30	37	46	27	27	41
1952 ...	28	35	41	29	30	31
1953 ...	27	31	36	24	27	32

As the Infant Mortality Rate varies directly with the five social classes of the Registrar General i.e. there is a higher mortality rate in Classes IV. and V. than in Classes I. and II., it is informative to show the percentage in each social class in the four cities and in Scotland as a whole. This information has been obtained from the Registrar General's One Per Cent. Sample Tables (H.M. Stationery Office 1952).

		Percentage in Each Social Class.				
		I.	II.	III.	IV.	V.
		2.96	13.21	50.92	18.21	14.71
Scotland		16.17			32.92	
		3.65	14.12	48.84	14.12	19.27
Aberdeen		17.77			33.39	
		2.03	9.98	51.62	18.45	17.93
Dundee		12.01			36.38	
		5.36	12.71	56.65	10.79	14.50
Edinburgh		18.07			25.29	
		2.07	10.17	54.88	13.60	19.28
Glasgow		12.24			32.88	

It should be noted that, compared with the other four cities, Dundee has fewer in Classes I. and II. and more in the under privileged Classes IV. and V.

Neo-natal deaths registered during the year.

There were 63 deaths in the neo-natal period compared with 62 in 1952. There is a close relationship between stillbirths and neo-natal deaths in that the causal factors are similar and it is informative to study the stillbirth and neo-natal mortality rates together, along with the perinatal rate i.e. the number of stillbirths and neo-natal deaths per 1,000 live and still births.

Year	Total Registered Births	Stillbirths No. Rate		Neo-natal deaths No. Rate		Total S.B. Rate plus neo- natal rate		
						No.	Peri-natal rate.	
1946	4,077	136	34	107	27	243	61	60
1947	4,277	108	25	136	33	244	58	57
1948	3,706	108	29	70	19	178	48	48
1949	3,481	96	28	95	28	191	56	55
1950	3,271	100	31	91	29	191	60	58
1951	3,224	82	25	80	25	162	50	50
1952	3,221	76	24	62	20	138	44	43
1953	3,174	80	25	63	20	143	45	45

Comparison of Stillbirth and Neo-Natal Rates with other Scottish Cities and with the National Rates.

	1950.			1951.			1952.			1953.		
	S.B. rate	Neo-natal rate	S.B. + neo-natal rate.	S.B. rate	Neo-natal rate	S.B. + neo-natal rate.	S.B. rate	Neo-natal rate	S.B. + neo-natal rate.	S.B. rate	Neo-natal rate	S.B. + neo-natal rate.
Scotland	27	23	50	27	22	49	26	22	48	25	19	44
Glasgow	29	25	54	28	25	53	27	24	51	27	22	49
Edinburgh	24	18	42	27	17	44	27	17	44	22	16	38
Aberdeen	22	17	39	21	18	39	18	19	37	20	19	39
Dundee	31	29	60	25	25	50	24	20	44	25	20	45

Neo-Natal Deaths (1)

Cause of Death.

Cause of Death.	Males — 41.					Females — 22.					Total — 63.	
	0-1 dy.	1-2 dys.	2-3 dys.	3-4 dys.	4-7 dys.	1-2 wks.	2-3 dys.	3-4 dys.	4-7 dys.	1-2 wks.	2-3 wks.	% age.
Prematurity	6(6)	2(2)	0	1(1)	1(1)	1(1)	0	0	0	0	0	11(11)
Atelectasis	5(5)	2(2)	0	0	0	0	0	0	0	0	0	9(9)
Asphyxia	4(4)	3(2)	1(1)	0	0	0	0	0	0	1(1)	0	14(13)
Injury at birth including cerebral haemorrhage ..	1(1)	2(2)	2(1)	1(1)	0	1	0	0	0	1	0	8(5)
Congenital malformations	1(1)	0	1	0	0	1	0	0	1	0	0	9(2)
Pneumonia (all forms)	0	0	0	0	0	1	0	0	0	2(1)	0	5(2)
Haemorrhagic disease of the new born	0	0	0	0	0	0	0	1(1)	0	0	0	2(1)
Haemolytic disease of the new born	0	1	0	0	0	0	0	0	0	0	0	2
Acute pycelonephritis	0	0	0	0	0	1(1)	0	0	0	0	0	1(1)
Accidental asphyxia	0	0	0	0	0	0	0	0	0	0	1	2
	17(17)	10(8)	4(2)	2(2)	1(1)	5(2)	0	2	9(4)	5(4)	2(2)	63(44)
	34(82.9%)					7(17.1%)					4(18.2%)	

Figures in brackets denote the number of premature births.

41.3% of neo-natal deaths occurred in the first day of life.

82.5% of neo-natal deaths occurred in the first week of life, i.e. 51.0% of all infant deaths.

61.8% of total infant deaths occurred in the neo-natal period. (67.2% males and 53.7% females).

Neo-natal deaths.

	Males.	Females.	Total.	% age.
Full-time	9	10	19	30.2
Premature	32	12	44	69.8
	— 41	— 22	— 63	— 100.0
Legitimate	37 (7 F.T. 30 prem.)	18 (8 F.T. 10 prem.)	55	87.3
Illegitimate	4 (2 F.T. 2 prem.)	4 (2 F.T. 2 prem.)	8	12.7
	— 41	— 22	— 63	— 100.0

Incidence of Prematurity.

Year	Total No. of births	Number notified as premature	Number of deaths		Number considered to be premature.	
			0-4 weeks	0-1 year	0-4 weeks.	0-1 year
1949	3,971	334(8.4%)	95	148	60(63.2%)	65(43.9%)
1950	3,782	390(7.7%)	91	158	56(61.5%)	65(41.1%)
1951	3,707	340(9.2%)	80	129	52(64.2%)	56(43.3%)
1952	3,699	298(8.1%)	62	97	37(59.7%)	42(43.3%)
1953	3,847	327(8.5%)	63	102	44(69.8%)	53(52.0%)

It will be seen from the above tables that although only eleven neo-natal deaths were ascribed to unqualified prematurity more than two-thirds of the deaths (69.8%) were associated with premature birth. The chief cause of death in this period was asphyxia and nearly all were associated with prematurity. Fifty-three (52.0%) of all the infants who died and 44 (69.8%) of those who died in the neo-natal period were premature while only 8.5% of all notified births were so classed.

Atelectasis, asphyxia, birth injury and congenital malformations accounted for 63.5% of the neo-natal deaths. Sixty (95.2%) died in the first two weeks of life, 52 (82.5%) in the first week of life and 26 (41.3%) in the first day.

Neo-Natal Deaths (2)**Neo-Natal Deaths according to place of delivery.**

Place of Delivery.	No. of Dundee live births	No. of Dundee neo-natal deaths.	Rate per 1,000 live births.
Institutional—			
Royal Infirmary (indoor)	1,090	28	25.7
Maryfield Hospital	1,319	26	19.7
Nursing Homes	290	1	3.4
Domiciliary—			
Royal Infirmary (outdoor) ...	248	3	12.1
Doctor and/ or Midwife	240	3	12.5
Unattended	4	2	50.0
	—	—	—
	3,191	63	19.7

Neo-Natal Deaths (2a)

Causes of deaths under 7 days classified to show place of confinement.

	Institutional.						Domiciliary.					
	0-1 dy.	1-2 dys.	2-3 dys.	3-4 dys.	4-7 dys.	Total.	0-1 dy.	1-2 dys.	2-3 dys.	3-4 dys.	4-7 dys.	Total.
Prematurity	6(6)	2(2)	0	1(1)	1(1)	10(10)	0	0	0	0	0	0
Atelectasis	6(6)	3(3)	0	0	0	9(9)	0	0	0	0	0	0
Asphyxia	6(6)	3(2)	2(2)	0	0	11(10)	1(1)	1(1)	0	0	0	2(2)
Injury at birth including cerebral haemorrhage	1(1)	1(1)	2(1)	1(1)	1	6(4)	0	1(1)	0	0	0	1(1)
Congenital malformations	2	2(1)	1	0	1	6(1)	1(1)	0	0	0	0	1(1)
Pneumonia (all forms)	0	1(1)	0	0	0	1(1)	0	0	0	0	0	0
Haemorrhagic disease of the new born	1	0	1(1)	0	0	2(1)	0	0	0	0	0	0
Haemolytic disease of the new born	1	0	0	0	0	1	0	1	0	0	0	1
Accidental asphyxia	0	0	0	0	0	0	1	0	0	0	0	1
	23(19)	12(10)	6(4)	2(2)	3(1)	46(36)	3(2)	3(2)	0	0	0	6(4)

Figures in brackets denote the number of premature births.

Neo-Natal Deaths (3)

Employment of Mother during Pregnancy.

	Employed.	Not employed apart from home duties.	Total.
Number of Mothers	31	32	63

Neo-Natal Deaths (3a)

Type of and Duration of Employment of Mother during Pregnancy.

Type of Employment.	Duration of Employment in Months.									Total.
	1	2	3	4	5	6	7	8	9	
Workers in jute and allied industries ..	0	0	3(3)	1(1)	2(1)	5(2)	2(2)	0	0	13(9)
Workers in light industries	0	0	0	0	3(3)	1(1)	0	0	0	4(4)
Clerkesses	0	0	0	1	1	2(1)	1(1)	0	0	5(2)
Shop Assistants	0	0	0	1(1)	1(1)	1	1(1)	0	0	4(3)
Cooks, laundry workers, cleaners	0	0	2(2)	0	0	1(1)	0	0	1	4(3)
Bus conductress	0	0	1	0	0	0	0	0	0	1
	0	0	6(5)	3(2)	7(5)	10(5)	4(4)	0	1	31(21)

Figures in brackets refer to mothers who had premature deliveries.

Neo-Natal Deaths (3b)

Parity of Mother.

Parity.	1	2	3	4	5	6	7	8	9	10	Total.
Number	24(14)	13(12)	8(5)	3(3)	10(6)	2(2)	1(1)	0	0	1(1)	63(44)

Figures in brackets refer to mothers who had premature deliveries.

Neo-Natal Deaths (3c)

Age of Mother.

Age Group.	15-19 yrs.	20-24 yrs.	25-29 yrs.	30-34 yrs.	35-39 yrs.	40+ yrs.	Total.
Number	4(2)	16(8)	17(15)	18(13)	8(6)	0	63(44)

Figures in brackets refer to mothers who had premature deliveries.

Incidence of Multiple Births

As prematurity played an important part in the cause of death of more than half of the neo-natal deaths and as it is well recognised that multiple pregnancies are more likely to give rise to small babies, the incidence of multiple births has been recorded. In 1953 the incidence of multiple births was 1.9% of total confinements; 73 twin births occurred in the city, but in only 62 were the parents normally resident in Dundee. Of these 124 babies, 3 were stillborn, 12 died under one month and 2 died later in the first year. When multiple births alone were considered the stillbirth rate was 24.2 and the infant mortality rate was 116. 19.0% of the neo-natal deaths were associated with multiple pregnancy.

	Institutional.			Domiciliary.		Total.
Total births	.....	.....	.....	3,347	500	3,847
No. of multiple births:—						
(1) Twin pregnancies	.....	.....	.....	62(1.9%)	11(2.2%)	73(1.9%)
(2) Triple pregnancies	.....	.....	.....	0	0	0
No. of confinements	.....	.....	.....	3,285	489	3,774
	1948	1949	1950	1951	1952	1953
Total confinements	4147	3892	3721	3645	3649	3774
Twin pregnancies	60	77	61	56	50	73
	{ 1.4 % }			{ 1.6 % }		{ 1.9 % }
Triple pregnancies	0	1	0	3	0	0

Deaths of Infants between Four Weeks and One Year

Cause of death.

Cause of Death.	Males — 20					Females — 19				Total — 39
	4 wks.- 2 mths.	2-3 mths.	3-6 mths.	6-8 mths.	9-12 mths.	4 wks.- 2 mths.	2-3 mths.	3-6 mths.	6-8 mths.	
Pneumonia (all forms)	1	1(1)	3(1)	1	0	0	0	4(3)	0	11(5)
Bronchitis	0	0	0	0	0	0	0	0	0	1(1)
Tuberculosis (all forms)	0	0	1	0	0	0	0	0	0	2
Dysentery	0	0	0	0	0	0	0	0	0	1
Gastro-enteritis	0	0	0	0	0	0	2*	0	0	2
Encephalitis	0	1	0	0	0	0	0	1	0	2
Otitis media	0	0	1*	0	0	0	0	0	0	1
Staphylococcal septicaemia	0	0	1	0	0	0	0	0	0	1
Gangrenous intussusception	0	0	1	0	0	0	0	0	0	1
Exomphalos, operative repair—										
faecal fistula	1(1)	0	0	0	0	0	0	0	0	1(1)
Congenital heart disease	1	0	0	0	0	1*(1)	0	0	1*	3(1)
Mongolism	0	0	0	0	0	0	1*	0	0	1
Spina bifida, meningocele, hydrocephalus, convulsions	0	0	0	0	0	1	0	0	0	1
Cerebral birth trauma	0	0	0	0	0	1	0	0	0	1
Pink disease	0	0	0	1	0	0	0	0	0	1
Accidental asphyxia	2	0	3	1(1)	0	0	0	1	0	8(1)
Cause unknown	0	0	0	0	0	0	1	0	0	1
	5(1)	2(1)	10(1)	3(1)	0	3(1)	4	6(3)	1	39(9)
										100.3

* Includes one case associated with broncho-pneumonia.

Figures in brackets denote the number of premature births.

Deaths between 4 weeks and one year.

	Males.	Females.	Total.	% age.
Full-time	16	14	30	76.9
Premature	4	5	9	23.1
	— 20	— 19	— 39	— 100.0
Legitimate	18 (14 F.T. 4 prem.)	14 (11 F.T. 3 prem.)	32	82.1
Illegitimate	2 (2 F.T. 0 prem.)	5 (3 F.T. 2 prem.)	7	17.9
	— 20	— 19	— 39	— 100.0

It will be seen from the table on page 60 that of the 39 deaths in this age group, eleven (28.2%) were certified as due to pneumonia (all forms) and two (5.1%) as due primarily to gastro-enteritis compared with eight (22.9%) from pneumonia and three (8.6%) from gastro-enteritis in 1952.

Year	Deaths from 4 weeks-12 months	
	Pneumonia.	Gastro-enteritis.
1946	39	7
1947	30	64
1948	22	49
1949	15	13
1950	32	7
1951	21	6
1952	8	3
1953	11	2

Deaths of infants between four weeks and one year.

(a) Parity of Mother.

Parity.	1	2	3	4	5	6	7	8	9	10	11	Tot.
Number	14	11	3	6	4	0	0	0	0	0	1	39

(b) Age of Mother.

Age Group.	15-19 yrs.	20-24 yrs.	25-29 yrs.	30-34 yrs.	35-39 yrs.	40 yrs. +	Tot.
Number	1	13	15	5	2	3	39

An investigation was made with regard to the type of feeding of the infants between the ages of four weeks and one year who died from (1) all causes, (2) gastro-enteritis, (3) pneumonia and (4) accidental suffocation. Of the two babies of that age period who died from gastro-enteritis neither had ever been breast fed; of the eleven babies of that age period who died from pneumonia only four were breast fed at one month, only one at three months and only one was breast fed at the time when the illness developed; and of the eight babies of that age period who died from accidental suffocation, two were breast fed at the time of death.

The duration of breast feeding among all infants born in 1953 has been contrasted with the duration of breast feeding among those infants who died (1) of all causes, (2) of gastro-enteritis, (3) of pneumonia and (4) of accidental suffocation.

	No. of cases.	Never breast Fed	2 wks.	Breast Fed at		
				1 mth.	3 mths.	6 mths.
Babies born in 1953 in whom type of feeding was known	3,006*	393 (13.1%)	2,260 (75.2%)	1,778 (59.1%)	1,049 (34.9%)	706 (23.5%)
Babies who died between 4 weeks and 1 year.						
From all causes	39	9 (23.1%)	28 (71.8%)	19 (48.7%)	8 (20.5%)	2 (5.1%)
From gastro- enteritis	2	2 (100.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
From pneumonia ...	11	2 (18.2%)	8 (72.7%)	4 (36.4%)	1 (9.1%)	1 (9.1%)
From accidental suffocation	8	1 (12.5%)	7 (87.5%)	5 (62.5%)	3 (37.5%)	0 (0.0%)

* In addition 102 were not visited, died, were transferred out of Dundee or particulars of feeding were not known.

It will be seen that more than half of the babies dying between the ages of four weeks and one year were artificially fed before they reached the age of one month.

Analysis of Feeding in Infants who died between Four Weeks and Twelve Months

	All Infants who Died	Infants who died of Gastro- enteritis	Infants who died of Pneumonia	Infants who died of Accidental Suffocation
Breast	6 (15.4%)	0 (0.0%)	1 (9.1%)	2 (25.0%)
Mixed*	1 (2.6%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Partly Breast†	23(2) (59.0%)	2 (100.0%)	8 (72.7%)	5 (62.5%)
Artificial	9 (23.1%)	0 (0.0%)	2 (18.2%)	1 (12.5%)
	39(2)	2	11	8

Figures in brackets show the number of babies who were breast fed for under 10 days.

* Mixed feeding means breast feeding complemented or supplemented by artificial feeds, i.e. combination of breast and artificial feeding.

† Partly breast fed means that breast feeding had been carried out for part of the time, but that artificial feeding had been substituted before death occurred.

Analysis of Feeding in Infants who Died between the Ages of Four Weeks and Twelve Months

Age at Death.											
	4 wks.- 2 mths.	2-3 mths.	3-4 mths.	4-5 mths.	5-6 mths.	6-7 mths.	7-8 mths.	8-9 mths.	9+ mths.	Total.	% age.
Breast	2	1	0	0	1	0	0	0	2	6	15.4
Mixed*	0	0	1	0	0	0	0	0	0	1	2.6
Partly											
Breast†	3(1)	1	3	7(1)	3	1	1	1	3	23(2)	59.0
Artificial	3	4	1	0	0	0	0	1	0	9	23.1
	8(1)	6	5	7(1)	4	1	1	2	5	39(2)	100.1

* Mixed feeding means breast feeding complemented or supplemented by artificial feeds, i.e. combination of breast and artificial feeding.

† Partly breast fed means that breast feeding had been carried out for part of the time, but that artificial feeding had been substituted before death occurred.

Figures in brackets show number of babies who were breast fed for less than 10 days.

Illegitimate Mortality

Year	Number of registered live births (corrected)	No. Illegit.	No. of Infant Deaths	No. Illegit.	I.M.R.	Illegit. Deaths per 1,000 Illegit. Births
1947	4,169	275 (6.6%)	291	26 (8.9%)	70	95
1948	3,598	214 (5.9%)	170	18 (10.6%)	47	84
1949	3,385	232 (6.9%)	148	15 (10.1%)	44	65
1950	3,171	208 (6.6%)	158	22 (13.9%)	50	106
1951	3,142	210 (6.7%)	129	14 (10.9%)	41	67
1952	3,145	205 (6.5%)	97	14 (14.4%)	31	68
1953	3,174	180 (5.7%)	102	15 (14.7%)	32	83

Of the 180 illegitimate live births 15 infants died before reaching the age of one year and this is equivalent to a mortality of 83 per 1,000 illegitimate births. 14.7% of the infants who died before the age of one year were illegitimate.

		No. Illegit.	Percentage.
No. of Stillbirths	80	9	11.3
No. of Neo-Natal Deaths	63	8	12.7
No. of Deaths— (4 wks. - 12 mths.)	39	7	17.9

Deaths of Children over One Year

In addition to deaths of children under one year of age 13 deaths of children (9 males and 4 females) from one to five years were noted by the department.

Deaths of Children over One Year

Cause of Death.										
Cause of Death.	Males.				Females.				Total.	
	1-2 yrs.	2-3 yrs.	3-4 yrs.	4-5 yrs.	1-2 yrs.	2-3 yrs.	3-4 yrs.	4-5 yrs.		
Pneumonia (all forms)	1	0	0	0	0	0	0	0	1	
Whooping cough	0	0	0	0	0	0	1	0	1	
Non meningococcal meningitis	0	0	1	0	0	1	0	0	2	
Pyelonephritis	0	0	0	0	1	0	0	0	1	
Adrenal haemorrhage	1	0	0	0	0	0	0	0	1	
Epileptic convulsion	1	0	0	0	0	0	0	0	1	
Congenital hydrocephalus	0	0	1	0	0	0	0	0	1	
Mental disorder and deficiency	0	0	0	0	0	0	0	1	1	
Craniopharyngioma	0	1	0	0	0	0	0	0	1	
Road accidents and other violence	0	1	0	2	0	0	0	0	3	
	3	2	2	2	1	1	1	1	13	

Maternal Mortality.

The maternal mortality per 1,000 live and stillbirths (corrected for transfers) for 1953 was 0.0 compared with 0.6 in 1952.

Year	No. of registered live births (corrected)	Maternal Deaths associated with pregnancy or childbirth.
1947	4,169	10
1948	3,598	7
1949	3,385	8
1950	3,171	2
1951	3,142	5
1952	3,145	2
1953	3,174	0

Notification of Special Conditions.

Year	Puerperal Sepsis	Puerperal Pyrexia	Ophthalmia Neonatorum
1947	3	42	148
1948	6	45	162
1949	1	30	155
1950	2	35	216
1951	2	16	233
1952	2	25	204
1953	3	27	128

There is a decrease in the notifications of ophthalmia neonatorum but it has to be borne in mind that notifications do not necessarily correspond with incidence. It is significant

that almost three-quarters of the cases of ophthalmia neonatorum were first notified by the staff of the Maternity and Infant Welfare Department.

Twenty cases notified as Puerperal Pyrexia were later diagnosed as Puerperal Sepsis and two cases notified as Puerperal Sepsis were ultimately considered to be Puerperal Pyrexia. The corrected figures for 1953 were therefore 21 cases of Puerperal Sepsis and nine cases of Puerperal Pyrexia and they are analysed as follows:—

Place of Delivery.	PUERPERAL PYREXIA				PUERPERAL SEPSIS		
	Full-time Birth.	Pre-mature Birth.	Abor-tion.	Total.	Full-time Birth.	Pre-mature Birth.	Total.
Royal Infirmary	0	0	0	0	13	1	14
Maryfield Hospital	6	0	0	6	4	0	4
Nursing Homes	1	0	0	1	1	0	1
D.R.I. (O.P.)	0	0	0	0	0	0	0
Doctor or Midwife	1	0	1	2	0	1	1
Unattended	0	0	0	0	1	0	1
	—	—	—	—	—	—	—
	8	0	1	9	19	2	21
Place of Treatment.							
Dundee Royal Infirmary	0	0	0	0	0	1	1
Maryfield Hospital	6	0	0	6	3	0	3
Clement Park Nursing Home	1	0	0	1	0	0	0
King's Cross Hospital	1	0	1	2	16	1	17
	—	—	—	—	—	—	—
	8	0	1	9	19	2	21
Parity.							
Primiparous	2	0	0	2	10	0	10
Multiparous	5	0	1	6	7	1	8
Not known	1	0	0	1	2	1	3
	—	—	—	—	—	—	—
	8	0	1	9	19	2	21
Age Group.							
15-19 years	1	0	0	1	1	0	1
20-24 years	2	0	0	2	8	0	8
25-29 years	3	0	0	3	4	0	4
30-34 years	0	0	0	0	2	2	4
35-39 years	1	0	1	2	2	0	2
40 years and over	1	0	0	1	1	0	1
Unknown	0	0	0	0	1	0	1
	—	—	—	—	—	—	—
	8	0	1	9	19	2	21
Result.							
Recovery	8	0	1	9	19	1	20
Death	0	0	0	0	0	1	1
	—	—	—	—	—	—	—
	8	0	1	9	19	2	21

Ophthalmia Neonatorum

	Source of Notification.	Nature of Attendance at Birth.
Doctor	3 (2.3%)	0 (0.0%)
Midwife	5 (3.9%)	5* (3.9%)
Doctor and Midwife	0 (0.0%)	1 (0.8%)
Royal Infirmary (outdoor)	18 (14.1%)	14 (10.9%)
Royal Infirmary (indoor)	0 (0.0%)	56 (43.8%)
Maryfield Hospital	7 (5.5%)	45 (35.2%)
Nursing Homes	0 (0.0%)	1 (0.8%)
Clement Park	1 (0.8%)	3 (2.3%)
Unattended	0 (0.0%)	2 (1.6%)
Born outwith the City	0 (0.0%)	1 (0.8%)
Maternity and Infant Welfare Department	94 (73.4%)	0 (0.0%)
	<hr/> 128	<hr/> 128

* In each case a doctor had been engaged but was not present at the confinement.

Interval between date of birth and date of onset of ophthalmia neonatorum

Interval	0-1 day.	1 day.	2 days.	3 days.	4-6 days.	7-13 days.	2-3 weeks.	Un-known.	Total.
Number	7	2	5	6	18	59	9	22	128

ANTE-NATAL CLINICS

The Local Authority provide ante-natal clinics at two centres, namely, Ancrum Road, Lochee and Fort Street, Broughty Ferry. These clinics are under the supervision of obstetricians provided by the Eastern Regional Hospital Board and a weekly session is held at each centre. There is a reciprocal arrangement with the Eastern Regional Hospital Board whereby patients booked for hospital confinement may for convenience attend the Local Authority clinics and domiciliary cases may attend the hospital clinics.

During the year 184 women attended for the first time compared with 137 in 1952 and 1,747 attendances were made compared with 1,415 in the previous year. In addition 134 women (new cases from the previous year) continued to attend i.e. 318 women made an average number of 5.5 attendances.

Year	Lochee		Broughty Ferry		Total	
	New Cases.	Total Attend.	New Cases.	Total Attend.	New Cases.	Total Attend.
1949	111	749	19	174	130	923
1950	120	754	32	271	152	1,025
1951	103*	845	38	288	141	1,133
1952	99	910	38	505	137	1,415
1953	109	1,006	75†	741	184	1,747

* Includes two not pregnant.

† Includes one not pregnant.

No. of Women Attending.

Year.	No. of women attending.			Total attendances.	Average attendances per woman.
	New Cases.	No. of new cases from 1952 still attending.	Total.		
1953	184	134	318	1,747	5.5

New Cases

Stage of Pregnancy.	Lochee.	Broughty Ferry.	Total.
1st month	0	0	0
2nd month	7	3	10
3rd month	17	22	39
4th month	34	24	58
5th month	29	9	38
6th month	17	14	31
7th month	4	2	6
8th month	1	0	1
9th month	0	0	0
Not pregnant	0	1	1
	<hr/>	<hr/>	<hr/>
	109	75	184
Total Attendances	1,006	741	1,747

Conditions Found.	Lochee.	Broughty Ferry.	Total.
Malposition	1	0	1
Twin Pregnancy	4	0	4
Albuminuria	1	0	1
Oedema	2	0	2
Hyperpiesis	7	4	11
Hyperemesis gravidarum	2	0	2
Hydramnios	3	1	4
Pyelitis	0	1	1
Cardiac affections	1	0	1
Bronchitis and other chest conditions	2	0	2
Anaemia	1	0	1
Wasserman positive	1	0	1
Rhesus negative	20	14	34
	<hr/> 45	<hr/> 20	<hr/> 65

POST-NATAL CLINICS

The Local Authority also provide post-natal clinics at Ancrum Road, Lochee and Fort Street, Broughty Ferry. These are held concurrently with the ante-natal clinics, and post-natal advice and treatment are available at the weekly sessions.

During the year 132 women attended for the first time, compared with 101 in 1952, and 188 attendances were made. Two women were referred to Maryfield Hospital for operative treatment.

Year.	Lochee.		Broughty Ferry.		Total.	
	New Cases.	Total attendances.	New Cases.	Total attendances.	New Cases.	Total attendances.
1949	24	24	26	32	50	56
1950	30	32	31	37	61	69
1951	44	61	34	36	78	97
1952	45	79	56	75	101	154
1953	61	90	71	98	132	188

No. of Women Attending.

Year.	No. of women attending.			Total attendances.	Average attendances per woman.
	New Cases.	No. of new cases from 1952 still attending.	Total.		
1953	132	9	141	188	1.3

It is gratifying to note that the number of attendances at both ante-natal and post-natal clinics are steadily increasing, and the proportion of women returning for post-natal examination shows an encouraging rise.

Advice Centre for Expectant Mothers.

All women who wish to engage a domiciliary midwife under Section 23(2) of the National Health Service (Scotland) Act, 1947 are asked to apply in the first instance at the Advice Centre at 1 Nelson Street and 276 women attended for this purpose during the year. In addition, any expectant mothers with problems are encouraged to attend this centre for advice.

As in the past, advice was offered to expectant mothers particularly with reference to their diet, the advantages of breast feeding, domestic arrangements during the period of confinement, etc. Every patient who attends the Advice Centre is visited by a health visitor who keeps her under observation for the remainder of the pregnancy.

Year.	Attendances for Booking Midwife.	Other Attendances.	Total.
1949	226	32	258
1950	275	10	285
1951	258	8	266
1952	247	8	255
1953	276	21	297

Supply of Maternity Outfits and Layettes

A maternity outfit is supplied free of charge to each woman who is to be confined at home and who is making use of the arrangements for the care of expectant mothers under the National Health Service. These outfits contain the main dressings required at the confinement and the contents conform to the suggestions made by the Department of Health for Scotland. During the year, 259 maternity outfits were issued compared with 147 in 1952. Outfits were returned by 14 women who had arranged to have a home confinement but who were ultimately confined in hospital.

Layettes are provided free for babies of mothers who are not entitled to receive maternity benefit and 33 layettes were issued during 1953. As it is considered desirable to encourage mothers to make some effort to provide for their own babies by making baby garments, wool is provided free in necessitous cases. This wool has been provided from money generously gifted by the Dundee Voluntary Health Workers' Association.

Infant and Child Welfare Clinics.

The total number of attendances at these clinics showed an increase on the corresponding figure for 1952. There were 17,236 attendances of infants under one year compared with 14,684 in 1952 and 3,393 attendances of children between the ages of one and five years compared with 2,820 during the previous year. The number of children attending for the first time also increased but it is disappointing to note the relatively small proportion of toddlers who attended.

Although the toddler population is approximately four times the infant population, only 762 toddlers attended during the year whereas 2,359 infants were brought to the clinics. Many mothers have the impression that child welfare centres are only for children up to the age of one year and even although attending a clinic with a young baby tend to leave the toddler at home unless there is a health problem.

It cannot be overstressed that the true work of a child welfare centre is educational and preventive in character and a mother should be encouraged to bring her baby to a clinic as early as possible when feeding difficulties are most likely to occur and before unnecessary weaning from the breast has taken place. This should be followed up by regular attendance at the centre until the child reaches school age if full value and benefit are to be derived from the preventive services.

In May, 1953 a second session was started at Maryfield Hospital and at the end of the year there were nine centres with twelve sessions each week. Obviously saturation point has not yet been reached as far as clinic attendances are concerned as these increase when new centres are opened or when additional sessions are available. The new sessions or centres, intended to relieve congestion at the existing sessions, appear to meet a demand for clinic facilities by a new clientèle and there is justification for expanding the services still further.

The opportunity is gladly taken to express deep appreciation of the services of the voluntary workers who give devoted and unstinted service at many of the centres. The voluntary workers undertake clerical and other duties and, without their valuable help, health visitors would have less opportunity for their true function of health education.

Attendances of Children at Child Welfare Centres

Year.	New Cases			Attendances		
	0-1 year.	1-5 years.	Total.	0-1 year.	1-5 years.	Total.
1948	1,560	59	1,619	13,774	2,818	16,592
1949	1,628	103	1,731	14,905	3,020	17,925
1950	1,477	77	1,554	14,345	2,674	17,019
1951	1,460	73	1,533	13,588	2,559	16,147
1952	1,571	89	1,660	14,684	2,820	17,504
1953	1,641	106	1,747	17,236	3,393	20,629

Details of Attendances at Child Welfare Centres during 1953

Name of Centre.	0-1 year		1-5 years		Total		
	New Cases.	Revisits.	New Cases.	Revisits.	New Cases.	Revisits.	Total.
Central (a)	61	830	2	145	63	975	1,038
„ (b)	171	1,502	16	394	187	1,896	2,083
Lochee (a)	88	955	6	196	94	1,151	1,245
„ (b)	201	1,768	18	345	219	2,113	2,332
Hawkhill	236	2,662	13	325	249	2,987	3,236
Maryfield (a)	60	754	1	116	61	870	931
„ (b)	256	1,872	7	351	263	2,223	2,486
Ferry Road	158	1,416	11	337	169	1,753	1,922
Butterburn	118	916	9	407	127	1,323	1,450
Broughty Ferry	92	1,168	3	261	95	1,429	1,524
King's Cross							
West	103	1,086	6	313	109	1,399	1,508
West March	97	666	14	97	111	763	874
	1,641	15,595	106	3,287	1,747	18,882	20,629

Number of Children attending the Clinics during 1953.

	0-1 year.	1-5 years.	Total.
Central (a)	87	19	106
„ (b)	242	97	339
Lochee (a)	124	41	165
„ (b)	295	101	396
Hawkhill	318	91	409
Maryfield (a)	376	69	445
„ (b)	60	14	74
Ferry Road	244	100	344
Butterburn	154	70	224
Broughty Ferry	160	44	204
King's Cross West	181	77	258
West March	118	39	157
	2,359	762	3,121

**Analysis of Type of Feeding of Infants attending
Child Welfare Clinics for the first time**

(a)

	Breast.	Mixed*	Artificial.	Partly Breast†	Total.
Males	396	42	361	40	839
Females	402	26	327	47	802
Total	798(48.6%)	68(4.1%)	688(41.9%)	87(5.3%)	1,641

* Mixed feeding means breast feeding complemented or supplemented by artificial feeds, i.e. combination of breast and artificial feeding.

† Partly breast fed means that breast feeding had been carried out for a time but that artificial feeding had been substituted.

Analysis of Type of Feeding of Infants attending Child Welfare Clinics for the first time
(b)

		AGE IN MONTHS.									Total.
		0-1	1-2	2-3	3-4	4-5	5-6	6-7	7-8	8-12	
Breast and supplemented breast	.....	525 (76.8%)	231 (51.7%)	55 (30.9%)	33 (29.5%)	4 (9.5%)	5 (13.2%)	9 (22.5%)	4 (16.0%)	0 (0.0%)	866 (52.8%)
Artificial and part breast*	.....	159 (23.2%)	216 (48.3%)	123 (69.1%)	79 (70.5%)	38 (90.5%)	33 (86.8%)	31 (77.5%)	21 (84.0%)	75 (100.0%)	775 (47.2%)
Total	.....	684	447	178	112	42	38	40	25	75	1,641

* Part breast fed means that breast feeding had been carried out for part of the time, but that artificial feeding had been substituted.

One of the most important functions of a child welfare centre is to encourage breast feeding and the above table has been prepared to show the number of babies who are breast fed when brought to the clinic for the first time. It will be obvious from the table that when infants are brought to the clinic early, i.e. during the first month, three out of every four are receiving breast milk, whereas if the first attendance at the clinic is postponed until the second or third month, two out of every three are artificially fed. This information strongly supports and re-inforces the policy of encouraging early attendance at the clinics so that advice and help may be given to mothers in an endeavour to prevent premature and unnecessary weaning from the breast.

Of the 1,641 children under 1 year of age attending the clinics for the first time 766 (46.7%) showed no disease or congenital defect. The remaining 875 new cases and other children in attendance at the clinics showed diseases or defects, classified as follows:—

Diseases of the digestive system	166
Disease of the respiratory system	84
Diseases of nutrition	43
Diseases of the skin	380
Diseases of the eye	156
Diseases of the ear, nose and throat	22
Congenital defects	551
Surgical conditions	3
Infectious diseases	4
Various	79
	<hr/>
	1,488

Of the 106 children between one and five years of age attending the clinics for the first time, 38 (35.8%) showed no disease or congenital defect. The remaining 68 new cases and other children in attendance at the clinics showed diseases or defects, classified as follows:—

Diseases of the digestive system	21
Diseases of the respiratory system	9
Diseases of nutrition	24
Diseases of the skin	20
Diseases of the eye	20
Diseases of the ear, nose and throat	8
Congenital defects	67
Surgical conditions	1
Infectious diseases	5
Various	1
	<hr/>
	176

SPECIAL CLINICS

Breast Feeding and Mothercraft Classes

A mothercraft class is held at 1 Nelson Street and is in the charge of a health visitor with the Mothercraft Teaching Certificate from Cromwell House. There were 71 sessions during the year and 171 women attended making 613 attendances compared with 142 women making 588 attendances in 1952. It will be noted that there is an increase in the number of attendances and this would probably have been greater had the clinic not been suspended for five weeks owing to the illness of the health visitor in charge.

Dental Clinic.

1. Expectant Mothers.

Year.	No. inspected by Dental Officers.	Number found to require treatment.	Number actually treated by Dental Officers.	No. of attendances for treatment.
1950	81	73	11	45
1951	60	54	15	64
1952	88	59	16	22
1953	103	71	20	45

2. Nursing Mothers.

Year.	No. inspected by Dental Officers.	Number found to require treatment.	Number actually treated by Dental Officers.	No. of attendances for treatment.
1950	0	0	0	0
1951	1	1	1	1
1952	0	0	0	0
1953	1	1	1	5

3. Pre-School Children.

Year.	No. inspected by Dental Officers.	Number found to require treatment.	Number actually treated by Dental Officers.	No. of attendances for treatment.
1950	113	113	113	139
1951	120	120	120	129
1952	88	88	88	93
1953	65	65	65	83

4. Children in Day Nurseries.

Year.	No. inspected by Dental Officers.	Number found to require treatment.	Number actually treated by Dental Officers.	No. of attendances for treatment.
1950	265	142	98	131
1951	228	95	60	74
1952	361	117	53	57
1953	424	175	64	70

A routine examination by a dentist of patients attending Lochee ante-natal clinic was carried out and facilities for treatment were offered when required. 68.9% of the expectant mothers were found to require treatment and 28.2% of these had treatment carried out at the dental clinic.

In addition children attending child welfare centres and day nurseries who were in need of dental attention were referred for treatment to the dental clinics.

Routine dental examinations were carried out at the day nurseries and any necessary treatment arranged, usually undertaken at the clinics. It is not possible, however, owing to shortage of dental staff, for these examinations to take place as often as would be considered necessary or desirable.

Paediatric Clinic

A special clinic is held once a fortnight when a consultant paediatrician sees cases referred to him from the child welfare clinics and from day nurseries. During 1953, 15 children between one and five years of age attended and among conditions found were:—rheumatic heart, asthma, enuresis.

Year.	Babies.		Children 1-5 years		Total.
	New Cases.	Revisits.	New Cases.	Revisits	
1948	43	13	62	28	146
1949	27	11	47	45	130
1950	10	5	13	7	35
1951	11	2	18	0	31
1952	0	0	7	0	7
1953	0	0	8	7	15

Orthopaedic Clinic

The services of a consultant orthopaedic surgeon are available through the Dundee children's orthopaedic service at the Royal Infirmary and, during 1953, 474 children (77 under one year and 397 between one and five years of age) attended for the first time. Among conditions found were:—talipes equino varus, metatarsus varus, calcaneo valgus and varus, pes planus, bow-legs, knock knees, intoeing, torticollis, scoliosis, anterior poliomyelitis, post anterior poliomyelitis paralysis, spastic paralysis, spastic diplegia, congenital absence of toes, webbing of toes, overlapping toes, fractures, etc.

Year.	Babies.		Children 1-5 years		Total.
	New Cases.	Revisits.	New Cases.	Revisits	
1947	18	47	136	251	452
1948	20	50	153	249	472
1949	38	57	322	205	622
1950	72	73	322	317	784
1951	73	118	362	302	855
1952	76	122	392	313	903
1953	77	167	397	365	1,006

Eye Clinic

The services of ophthalmologists consulting at Nelson Street are available for children under the age of five years. During the year 161 children (116 under one year and 45 between the ages of one and five years) were examined for the first time by the consultant ophthalmologists. Among conditions found were:—ophthalmia neonatorum, purulent conjunctivitis, follicular conjunctivitis, tear duct obstruction, hordeola, blepharitis, epiphora, congenital ptosis, nystagmus, strabismus, retrolental fibroplasia, eye muscle paresis.

Year.	Babies.		Children 1-5 years		Total.
	New Cases.	Revisits.	New Cases.	Revisits	
1950	79	141	139	191	550
1951	126	226	64	240	656
1952	189	301	89	247	826
1953	116	218	45	210	589

Ear, Nose and Throat Clinic

During the year 49 children (6 under one year and 43 between the ages of one and five years of age) attended this clinic for the first time and were examined by consultants. Among conditions found were:—mouth breathing, tonsillitis, enlarged tonsils and adenoids, nasal obstructions, otitis media, speech defect.

Year.	Babies.		Children 1-5 years		Total.
	New Cases.	Revisits.	New Cases.	Revisits	
1950	4	1	93	14	112
1951	1	3	42	21	67
1952	10	0	57	16	83
1953	6	2	43	38	89

Skin Clinic

Forty-two children under the age of five years (20 infants and 22 children between the ages of one and five years) attended this clinic for the first time and were examined by

the consultant dermatologists. Among conditions treated were:—seborrhoea, infantile eczema, ringworm, pityriasis, angiomas, papular urticaria, ichthyosis, molluscum contagiosum, pigmented mole.

Year.	Babies.		Children 1-5 years		Total.
	New Cases.	Revisits.	New Cases.	Revisits	
1950	15	22	23	24	84
1951	23	38	30	94	185
1952	33	54	51	96	234
1953	20	53	22	81	176

Nursery Clinic.

A clinic is held on four mornings a week when children are medically examined before admission to a nursery for the first time or are re-examined after an absence from the nursery exceeding three days.

Year.	Babies.		Children 1-5 years		Total.
	New Cases.	Revisits.	New Cases.	Revisits	
1948	226	424	109	583	1,342
1949	123	124	316	835	1,398
1950	123	103	363	1,015	1,604
1951	126	113	482	1,046	1,767
1952	127	97	505	836	1,565
1953	136	108	507	1,031	1,782

Diphtheria Immunization

The following table shows that 88.3% of children had completed a course of inoculation by the time they reached the age of one year or soon afterwards.

Year	Total No. of children reaching the age of 1 yr.	No. of these completing inoculation at the age of 1 yr. or soon after	Percentage.	No. completing inoculation before 1st birthday.	Percentage.
1945	2,787	1,738	62.4	944	33.9
1946	2,439	1,866	76.5	1,100	45.1
1947	3,584	3,023	84.3	2,305	64.3
1948	3,743	3,345	89.4	2,812	75.1
1949	3,408	3,108	91.2	2,828	83.0
1950	3,119	2,810	90.1	2,496	80.0
1951	2,946	2,599	88.2	2,363	80.2
1952	2,943	2,658	90.3	2,460	83.6
1953	2,935	2,592	88.3	2,393	81.5

Diphtheria Immunization at Child Welfare Clinics

During 1953 courses of immunisation against diphtheria were completed by 1,072 children at the various child welfare centres and 77.7% of these children were under the age of one year.

	1st Injections.	2nd Injections.
Under 1 year	902	833
1-5 years	199	239
	<hr/> 1,101	<hr/> 1,072

Whooping Cough Immunization

Facilities are offered to clinic mothers who are anxious to have their children protected against whooping cough and the number of children starting a course of inoculations against whooping cough at the child welfare clinics during 1953 was 583 and the number who completed the course of three injections was 482, compared with 135 in 1952.

Vaccination against Smallpox

Facilities are provided at child welfare clinics for vaccination against smallpox. During the year 602 babies were successfully vaccinated at child welfare clinics compared with 599 in 1952. It is gratifying to note that the proportion of infants vaccinated is maintained and this reflects great credit on the educational campaign carried out by the health visitors in the home and by the doctors at the child welfare clinics.

Year.	No. of Infants successfully vaccinated at Clinics.
1950	393
1951	416
1952	599
1953	602

Home Visitation by Health Visitors

The health visitors made 79,136 home visits during the year; the number of visits to infants under one year of age was 34,252 and to children between one and five years 25,064; 13,882 visits were made to expectant mothers. Special visits were made to cases of ophthalmia neonatorum, infantile diarrhoea, puerperal fever and puerperal pyrexia, infectious diseases and for inquiries with regard to housing, maternal deaths, infant deaths, fostering and adoption of children, and absences from day nurseries.

Home Visitation by Health Visitors

Year	Mothers A.N.		Mothers P.N.		Babies.		Children 1-5 years.		Special Visits.	
	First visits.	Re-visits.	First visits.	Re-visits.	First visits.	Re-visits.	First visits.	Re-visits.	First visits.	Re-visits.
		Total.		Total.		Total.		Total.		Total.
1947	1,432	4,254	5,686	3,826	186	4,012	4,076	26,110	30,186
1948	1,303	4,103	5,406	3,468	83	3,551	3,773	28,952	32,725
1949	1,399	4,752	6,151	3,221	257	3,478	3,521	32,254	35,775
1950	2,089	7,829	9,918	3,195	272	3,467	3,302	31,017	34,319
1951	2,290	10,963	13,253	3,104	267	3,371	3,178	31,223	34,401
1952	2,486	10,927	13,413	3,133	154	3,287	3,155	28,980	32,135
1953	3,758*	10,124	13,882	3,069*	118	3,187	5,899*	28,353	34,252
								9,957*	15,107	25,064
								2,918	2,123	5,051
								1,937	1,181	3,118
								1,556	1,282	2,838
								1,671*	986	2,657

* This figure is not comparable with those of previous years because it indicates the number of individuals visited during the year and not only first visits.

Special Visits

	1st Visits.	Return Visits.	Total.
Ophthalmia neonatorum ..	135	424	559
Puerperal pyrexia and puerperal sepsis	20	1	21
Infectious diseases	1,455	542	1,997
Day Nurseries	61	19	80
	<hr/>	<hr/>	<hr/>
	1,671	986	2,657

The co-operation and help of the hospital maternity departments is much appreciated. The name of every woman booking at the hospitals is sent to this department in order that the health visitors may have an opportunity to visit. One advantage of this follow up by the health visitor in the home is that when the health visitor pays her routine first visit to the baby she has already established a friendly relationship with the mother.

DAY NURSERIES

(a) Provided by Local Authority

There are eleven Corporation day nurseries as follows:—

	No. of Places			No. of Children on Reg. at end of 1953.			Total Attendances for 1953.			No. of Children on Waiting Lists at end of 1953.		
	0-2 yrs.			0-2 yrs.			0-2 yrs.			0-2 yrs.		
	10	0	10	11	0	11	1,654	358	2,012	0	0	0
Bellfield Babies	15	25	40	11	24	35	2,253	5,539	7,792	50	47	97
Burgess Street	15	25	40	11	30	41	2,500	5,939	8,439	90	70	160
Dudhope Street	15	25	40	13	28	41	2,533	5,950	8,483	69	150	219
Fairbairn Street	15	30	45	14	22	36	2,774	4,744	7,518	76	145	221
Flight's Lane	15	25	40	14	28	42	2,782	5,422	8,204	39	70	109
Harefield Road	12	18	30	0	25	25	373	5,896	6,269	65	30	95
Isles' Lane	20	30	50	18	30	48	2,808	6,040	8,848	65	84	149
Lilybank	15	25	40	14	26	40	2,815	5,343	8,158	69	59	128
Linlathen	12	18	30	9	20	29	1,703	4,072	5,775	66	111	177
North George Street	20	30	50	20	27	47	4,138	4,976	9,114	86	80	166
Polepark	164	251	415	135	260	395	26,333	54,279	80,612	675	846	1,521

The hours are from 7 a.m. to 6.30 p.m. and as there is very little demand for accommodation apart from industrial hours, the nurseries are closed on Saturdays. The demand for accommodation is still very great and the number on the waiting lists far exceeds the number of places.

Nursery Attendances

Year.	Under 2 years.	Over 2 years.	Total Attendances.
1947	31,002	44,653	75,655
1948	32,545	53,319	85,864
1949	27,709	60,547	88,256
1950	26,109	55,244	81,353
1951	25,450	55,307	80,757
1952	28,221	54,083	82,304
1953	26,333	54,279	80,612

Number of Children who Attended in Each Nursery during 1953

	0-2 years.	2-5 years.	Total.
Bellfield Babies	29	2	31
Burgess Street	40	64	104
Dudhope Street	53	87	140
Fairbairn Street	50	65	115
Flight's Lane	28	38	66
Harefield Road	46	41	87
Isles' Lane	47	43	90
Lilybank	45	55	100
Linlathen	45	50	95
North George Street	41	55	96
Polepark	73	61	134
	497	561	1,058

(b) Provided by Firms of Manufacturers

There are five Industrial day nurseries as follows:—

	0-2 years.	No. of Places. 2-5 years.	Total.
Camperdown Nursery	28	47	75
Low & Bonar Nursery	20	45	65
Manhattan Nursery	25	40	65
Tay Nursery	36	34	70
Hillbank Nursery	30	28	58

	0-2 years.	Attendances. 2-5 years.	Total.
Camperdown Nursery	5,748	12,006	17,754
Low & Bonar Nursery	4,044	9,420	13,464
Manhattan Nursery	7,190	9,290	16,480
Tay Nursery	7,037	8,933	15,970
Hillbank Nursery	6,516	7,511	14,027

Training of Nursery Students

Five candidates from the Corporation nurseries were presented for examination during the year and four gained the Nursery Nurses' Certificate, one candidate failing in the

practical examination. Of the successful candidates three are now employed as staff nurses in Dundee Corporation nurseries, and one is a staff nurse in a residential children's home.

Grateful acknowledgement is made to the generous donors of money and gifts at Christmas and throughout the year and also to the staff in the nurseries for their loyal co-operation and help.

Mother and Baby Homes

The Local Authority pays an annual grant to the Social Service Board of the Episcopal Church and to the Salvation Army in respect of St. Ronan's Home and Florence Booth House, both providing accommodation for unmarried mothers and their babies.

Name of Home provided by Voluntary Assocns.	Ante- natal.	No. of Post- natal.	Beds. Total ante-natal and post-natal.	Cots.	No. of girls during 1953.
St. Ronan's	6	12	18	11	29
Florence Booth House	10	20	30	20	67

Midwives (Scotland) Acts.

In the year ending 31st January 1953, 66 midwives notified their intention to practise midwifery in Dundee, two as midwives in private practice and three as municipal midwives.

The midwives in private practice attended a total of 222 confinements (105, 87 and 30 respectively) that is 5.8% of the total births in the city compared with 6.4% in 1952. All but two confinements were carried out for the Local Authority on a fee per case basis and the two private cases were attended by the same midwife.

Twenty visits were paid by the Inspector of Midwives and her assistant to the homes of the midwives.

Seventy-six notifications were received from midwives during the year as follows:—

Notification of ophthalmia neonatorum	5
Notification of pyrexia	1
Notification of artificial feeding	68
Notification of stillbirth	1
Notification of death of infant	1
Notification of infectious disease	0
Notification of medical aid for mother	0
Notification of medical aid for child	0

Nursing Homes Registration (Scotland) Act, 1938.

There are six nursing homes registered in the city, viz.:—Burnbank, Duncaves, Fernbrae, Fort House, Marrbank and Westbay, and three which have been exempted from registration, viz.:—Clement Park, St. Mary's Home (King Street) and St. Ronan's Home.

Nurses (Scotland) Act, 1943 and Nurses Agencies (Scotland) Regulations, 1945

Dundee Private Nursing Home (Marrbank) Ltd., and Fernbrae Nursing Home, Ltd., are licensed under the above Act and Regulations to carry on agencies for the supply of nurses in terms of Section VIII. of the Act.

Nursery and Child Minders Regulation Act, 1948

This Act came into operation on 31st July, 1948 and places a duty upon local authorities to register and supervise day nurseries and daily minders where the number of children exceeds two.

Year 1953.	No. of Certificates.					No. of Children being cared for at end of year.	No. of inspections made.	No. of Cases in which no inspection was made.
	No. of Applications received.	Issued	Refused	Cancelled	In force at end of year			
Nursery Premises...	0	0	0	0	5	370	235	0
Child Minders	0	0	0	0	0	0	0	0

Foster Children, Adopted Children and Illegitimate Children

During the year the health visitors paid special attention to 90 children who had been adopted or were awaiting legal adoption, to 40 children who were under the care of foster parents, and to 495 illegitimate children.

Lectures, etc.

Lectures and talks were given during the year to health visitors and to pupil midwives at the Royal Infirmary and at Maryfield Hospital; practical instruction at the clinics was also given to pupil midwives.

Co-ordination and Co-operation with other Local Authority services and with other parts of the National Health Service

School Health Services.

There is a close liaison and good co-operation with the School Health Services. Child Welfare record cards are transmitted from this department whenever the child reaches school age. Information about any defects liable to continue during the years of school life is immediately passed on to the Chief Executive School Medical Officer so that appropriate arrangements for the child's education may be considered. Early consideration of the problems relating to education is especially necessary in the case of backward or deaf children.

Children's Department.

The Children's Officer sends weekly returns to the Child Welfare Department about children who are in the care of the Local Authority. Health visitors visit homes of prospective foster parents and adopters and the department is consulted about the suitability of arrangements for boarding out and for adoption. The health visitors also follow up children who have been placed in foster homes or for adoption and keep them under close supervision.

Children's Council

Regular meetings are held of a Children's Council consisting of officers of the Local Authority and representatives of other local services, statutory and voluntary, who are concerned with the welfare of children in their own homes. The Maternity and Child Welfare Medical Officer is a member of the Council. Consideration is given to the needs of families as a whole with a view to making the best use of the local services to meet these needs.

Maternity Departments

The co-ordination with the maternity departments of the two hospitals is very close and intimation about the discharge of patients from the maternity wards is received daily by telephone and confirmed later in writing. This knowledge of the

exact date of discharge ensures that the mothers and babies are visited immediately and that the time of the health visitors is conserved. A liaison health visitor attends each ante-natal clinic at the hospitals and serves as a very valuable link between the Maternity Departments and the Child Welfare Department.

Paediatric Departments.

There is very good co-operation with the Paediatric Departments of the hospitals. Clinical progress notes are received about special cases and this information is made available to the health visitors in order that they may visit and reinforce the advice given at the hospital.

Chest Clinic

Intimation is received from the Senior Chest Physician about all expectant mothers who are found to be suffering from tuberculosis and arrangements are made for the protection of newly-born infants by immunisation and, if necessary, segregation. Information and help are also given by the Chest Physician and members of his staff in respect of children in attendance at day nurseries when any suspicion of tuberculous infection arises.

Infectious Diseases Hospital

The Superintendent Physician sends reports about children under school age when they are discharged from hospital. These reports give details of the illness and of the condition of the child on discharge. This arrangement ensures an immediate follow up by the health visitors.

Orthopaedic Service

Full reports are sent by the consultants about all young children who have been examined at the orthopaedic clinics. These children are followed up by health visitors who also visit those who have failed to keep appointments and advise the parents of the importance of regular attendance for treatment.

Ophthalmic, Ear, Nose and Throat and Other Special Departments

There is excellent co-operation with these departments, and valuable help is always available from the various consultants who attend at Nelson Street.

General Practitioners Service.

The amount of liaison between the general practitioners on the one hand and the Child Welfare Department on the other continues to increase and requests are frequently received from doctors for the services of health visitors especially in connection with feeding difficulties and problems of breast feeding.

PRE-SCHOOL AND SCHOOL HEALTH SERVICE

REPORT FOR THE YEAR ENDED 31st JULY, 1953, BY

DR DORA W. GERRARD

1.—GENERAL STATISTICS

Population of the Area 178,300
(Registrar General's Returns at 31.12.52)

1. Number of Schools under Management of the Education Authority

(a) Infant Education only	.....	9
(b) Primary Education	.....	39
(c) Secondary Education:—		
(i) Senior Secondary	.....	4
(ii) Junior Secondary	.....	6
(iii) Modified Secondary	.....	1
(iv) Classes in Primary Schools	.....	5
(d) Pre-Vocational Training	.....	2
(e) Special Schools	.....	4
(f) Nursery Schools	.....	6
(g) Special Classes (Nursery) in ordinary schools	.....	3

2. In receipt of grant from Education Authority and by arrangement under medical inspection

Primary and Secondary	1
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3. Under St. Andrews Provincial Committee and by arrangement under medical inspection

(a) Primary School	.....	1
(b) Special Class (Nursery)	.....	1

4. Under Private Management and not under medical inspection

(a) Primary and Secondary	.....	1
(b) Primary	.....	1
(c) Nursery	.....	2

Number of children on registers 28,690

Number of children in average attendance 26,447

2.—SANITARY CONDITIONS OF SCHOOLS

The Education Committee's programme of repair and redecoration of school premises has proceeded and the medical officers found that conditions generally were satisfactory. Certain major problems chiefly concerned with insufficient and unsatisfactory sanitary arrangements and the lack of hot water supply in some of the older school properties are high priority, from the health point of view, for remedial action and the Committee have the matter constantly before them. The question of towels and the supply of toilet paper calls for attention and is regularly commented upon. Delay in the provision of fixtures has been brought to the notice of the department concerned.

Two new primary schools were opened during the session providing the pupils and staffs with conditions and amenities to promote their wellbeing and education.

3.—ORGANISATION AND ADMINISTRATION

A. System and Extent of Medical Inspection and Treatment

The groups of children prescribed for systematic medical inspection for the year ending 31st July, 1953 were:—

1. Entrants
2. Children born in 1943
3. Children born in 1939
4. Children born in 1936
5. Children born in 1945 (vision and hearing)

Summary, in Terms of Sessions, of the Work of the Medical Officers

Systematic Inspection Sessions	440
Special Visits to Ordinary Schools	94
Special Visits to Ordinary Schools—	
for the purpose of immunisation	55
for the medical examination of pupils, before final acceptance for residence in Belmont Camp School	15
Visits to Special Schools	73
Visits to Nursery Schools and Classes	68
Visits to Pre-Nursing School	13

Consultation Clinic Sessions	473
Special Consultation Clinic Session (C.E.S.M.O.)	103
Special Clinic Session for the purpose of immunisation	8
Clinic Sessions for the examination of children requiring convalescence in Holiday Homes	16
Clinic sessions for examination for holiday camp	46
Sessions at Central Public Health Office for purpose of superannuation examination	36
Visits to Remand Home	55

Special Examinations by Medical Officers, other than those included in Table 1.

Children as to fitness for Belmont Camp School	1,131
Children as to fitness for Holiday Camps	579
Applicants for Licences for Employment	623
Superannuation Examinations at Central Public Health Office	113
Examination of Children 2-5 years	337
Re-examination of Children 2-5 years	174
Children returned from Switzerland	10
Children for National Survey	22

There were changes in the Medical Staff early in the new session and the work was undertaken by several temporary medical officers in succession until permanent staff was appointed but the work proceeded without interruption and with success.

Mass Miniature Radiography

Mass Miniature chest X-ray examinations were again included as a preventive health service for the pupils in Secondary education classes from second year upwards and for the teachers of those classes who voluntarily came forward. As mentioned in last year's annual report it was decided that the Mass Miniature Radiography Unit would allocate time for this examination during the autumn term and it was carried out in the months of September, October and November. Interruption of school attendance for the potato harvest necessitated considerable rearrangement of the programme and lengthened the period to complete the examinations. Altogether 5,889 children, 2,989 boys and 2,900 girls had miniature X-ray examinations.

Analysis of the results of this survey shows that abnormalities were found as detailed in the following table:—

Survey of Dundee School Children — 1952.

Boys	.....	.....	.....	.....	2,989	
Girls	.....	.....	.....	.....	2,900	
					<hr/>	
					5,889	
					<hr/>	
Abnormalities.	Boys.		Girls.		Total.	
	No.	%	No.	%	No.	%
Active Post Primary Tuberculosis	..... 4	.13	3	.10	7	.11
Active Primary Tuberculosis	..... 1	.03	2	.06	3	.05
Inactive Post Primary Tuberculosis	..... 3	.10	3	.10	6	.10
Inactive Primary Tuberculosis	..... 64	2.14	43	1.49	107	1.81
Bronchiectasis	..... 4	.13	1	.03	5	.08
Cardiac abnormalities	..... 7	.23	4	.13	11	.18
Other abnormalities	..... 84	2.81	80	2.75	164	2.78
	167	5.59	136	4.69	303	5.14

As explained to the parent of each child in an introductory letter sent when the child first becomes eligible for inclusion in the survey, it is sometimes necessary, usually for technical reasons, to repeat the examination using full-size film. The majority of parents were co-operative and kept the appointments made for this examination. For 50 boys and 32 girls whose miniature film had suggested significant lesions, by large film 14 boys and 9 girls were diagnosed as normal and for another 12 boys and 7 girls no further action was necessary. 5 boys and 1 girl continued under observation of the unit for a limited time and were then discharged. 8 boys and 5 girls were still being observed at the unit six months later. The 5 boys and 5 girls showing active lesions were referred to the Chest Clinic for treatment and 6 boys and 5 girls with abnormalities of other organs, to the appropriate specialist or to the general practitioner of the patient.

This survey imposed a very great amount of work on the staff of the Mass Miniature Radiography Unit which was undertaken with expediency and efficiency and mention must be made of the most helpful co-operation given by the Head teachers of the schools concerned.

Diphtheria Immunisation

While propaganda is being found necessary in certain areas to stimulate the immunisation of children against Diphtheria, it is satisfactory to be able to record that the percentage of children protected by this prophylactic procedure in Dundee continues to rise.

Of 3,560 entrants examined at systematic medical inspection 3,340 (93.82%) had already had the course of injections.

For 144 (4.04% of the total number of entrants examined) not previously protected, consent was received for immunisation at the time of the first medical inspection so that 97.86% of the entrants examined were protected early in the first year of school life.

For 2,572 (77.01% of those previously immunised) consent was given for maintenance dose.

352 (10.54% of those previously immunised) had had a maintenance dose.

25 (.75% of those previously immunised) did not require a maintenance dose having had the two injections of the initial course recently.

Thus 2,949 children (82.84% of the total entrants examined) were entering school life fully protected.

For session 1951-52 the corresponding percentage was 81.98% and for session 1950-51 73.60%.

A satisfactory feature is the increase in the number of children who were given the maintenance dose by the family doctor before entering school, 10.54% this year while 8.89% was last year's recording.

The same scheme operated whereby the School Medical Officers arranged an immunisation session in school when they had completed their routine medical inspections and at 63 such sessions the antigen was given.

1st P.T.A.P. to 149 children

2nd P.T.A.P. to 55 children

3rd P.T.A.P. to 2,583 children (maintenance dose)

To avoid the necessity of revisiting the schools to give individual children or small groups the second injection, they were given appointments to attend clinic sessions and were treated there.

Dundee Trades College

The pre-apprentice students in Dundee Trades College, continuing the practice in operation for a number of years, were medically examined soon after enrolment, by an assistant Medical Officer of the General Public Health staff and the record of the examination entered on the school medical inspection card including the result of Mass Miniature Radiography. Any defect is reported to the parent in the manner of day school inspection findings, and the Principal of the college is advised as to suitability for the different trades for which instruction is provided.

During the session 229 boys were medically examined and classification according to Table III. is as follows:—

Grade.	Number.	Percentage.
I.	129	56.33
IIa.	30	13.10
IIb.	9	3.93
IIc.	4	1.75
III.	37	16.16
IVa.	15	6.55
IVb.	5	2.18

Seymour Lodge Pre-Nursing School

Applicants for enrolment for the Pre-Nursing School training course having been considered suitable at interview by the Education Sub-Committee are medically examined before commencing the course by medical officers of their home areas. The applicants for this session at the two commencing dates, August 1952 and January 1953, numbered 19 Dundee girls and 18 students from the neighbouring counties of Angus and Fife.

Medical examination showed a grading according to Table III. as follows: —

	Grade.	Number.	Percentage.
Dundee Students:—	I.	14	73.68
	IIa.	2	10.53
	IVa.	3	15.79

Angus and Fife Students:—

I.	16	88.89
IIa.	2	11.11

One of the medical officers of this department paid 13 visits to the Pre-Nursing School during the session and medically examined 47 senior students, this annual check-up being considered desirable especially for those approaching their entrance to general training in hospital.

Nursery Schools and Classes

The routine medical supervision of the children in the six nursery schools and four nursery classes in primary schools has been undertaken by the medical officers as prescribed by the Department of Health but this is considered an important group of children and special visits are paid to advise the staff regarding individual children and other problems relating to their individual or community health. Health Visitors also pay regular visits and act as liaison between the schools and the homes. The medical officers paid 68 visits and the Health Visitors 127.

446 children were given a routine medical examination by the School Medical Officers and 221 had a re-examination later in the session.

B. System and Extent of Dental Inspection and Treatment

The work of the School Dental Service forms part of the substance of a separate report submitted by the Senior Dental Officer which appears later in this annual report.

C. School Nursing and Arrangements for Follow-up

There is no change to report and no comments to add to this section of last year's annual report which gave in detail the scheme of work and the method of carrying out the important duties undertaken by the Health Visitors in the School Health Service. Their interest, thoroughness and perseverance to achieve satisfactory results with this age group of children is most commendable.

Summary of the Work of the Health Visitors

Sessions on Medical Inspection in Schools	.....	.....	565
Additional Visits to Schools	.....	.....	1,739
Sessions at Consultation and Treatment Clinics	.....		1,876
Sessions at Orthopaedic Clinics	.....	.....	62

Sessions at Specialist Consultation Clinics	401
Visits to homes following school inspections	2,040
Visits to homes of nursery school children	16
Visits to homes of orthopaedic cases	127

The Health Visitors also paid 2,186 visits to the homes of 1,954 children of school age to give advice regarding the care and isolation of infectious disease cases and the observation and procedure required with contacts. In the conduct of their duties they are also called upon to visit the homes for various other reasons; cases discharged from hospital, children requiring convalescent periods in holiday homes, cases to be considered for special educational treatment and cases or contacts to attend at the Chest Clinic.

The total visits paid to the homes of children of school age during the present session was 5,811.

D. Co-operation with other Health Services and with other Departments of the Local Authority who render service to children, and

E. Co-operation with Voluntary Organisations and other Outside Bodies

Harmonious co-operation with all services and organisations envisaged by these headings and which have been commented upon in detail from year to year, continues to exist and is here acknowledged.

The Reception Case Committee convened by the Children's Officer to discuss and ensure satisfactory treatment for the deprived child is attended by the School Medical Officer as is also the Children's Council convened by the Town Clerk Depute to deal with the delinquent child or those requiring care or beyond control.

F. Co-operation with Teachers and Parents with Special Reference to the Attendance of Parents at Inspections

It is a privilege to acknowledge the willing co-operation received from the Head teachers and members of their staffs in carrying out the work of the School Health Service. That

the teaching profession is keenly interested in the health of their pupils and that they consider the School Medical Officer and the School Health Visitor practically members of staff to contribute their share towards the advancement and wellbeing of the children is apparent everywhere and administratively the two branches work most cordially.

The attendance of parents at the routine medical inspection of their children shows some improvement from previous years and it is felt that those who do come receive satisfaction and are willing to accept advice and co-operate in carrying it out.

The figures of the present session are:—

	Parents Present.	Percentage.
At examination of the Entrants	2,845	79.92
At examination of 1943 Group	808	34.21
At examination of 1939 Group	62	2.68
At examination of 1936 Group	1	.35

Last year we reported:—

At examination of the Entrants	2,550	76.07
At examination of 1942 Group	764	30.98
At examination of 1938 Group	69	2.67
At examination of 1935 Group	—	—

4.—THE FINDINGS OF MEDICAL INSPECTION

The number of children in the prescribed age groups examined systematically during the present session was 8,520 at 440 sessions, an average per session of 19-20 children.

Recordings of Heights and Weights of School Children Examined at Routine Medical Inspection in the Prescribed Age Groups for the Session 1952-53

Total Number of Children Examined	Entrants		Second Age Group		Third Age Group		Secondary Age Group	
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
.....	1,829	1,731	1,210	1,152	1,195	1,115	161	127
Average Age	5yr. 4mth.	5yr. 5mth.	9yr. 6mth.	9yr. 7mth.	13yr. 9mth.	13yr. 8mth.	16yr. 10mth.	16yr. 10mth.
Average Height	42.85ins.	42.45ins.	51.69ins.	51.3ins.	59.56ins.	59.85ins.	67.85ins.	63.51ins.
Average Weight	42.41 lb.	40.71 lb.	62.74 lb.	60.89 lb.	92.76 lb.	96.74 lb.	134.56 lb.	122.34 lb.

1951-52 Recording was as follows:—

Total Number of Children Examined	1,711	1,641	1,206	1,260	1,298	1,291	134	127
Average Age	5yr. 3mth.	5yr. 4mth.	9yr. 6mth.	9yr. 6mth.	13yr. 8mth.	13yr. 8mth.	16yr. 8mth.	16yr. 8mth.
Average Height	42.5ins.	42.23ins.	51.5ins.	51.2ins.	59.23ins.	60.06ins.	67.25ins.	63.33ins.
Average Weight	42.5 lb.	40.33 lb.	62.1 lb.	60.88 lb.	92.02 lb.	95.38 lb.	132.5 lb.	124 lb.

A. General Review

Tables 11., at the end of this report shows in statistical form the findings of systematic medical inspection but that information is amplified under certain of the headings in the following paragraphs.

Recordings of Heights and Weights of School Children Examined at Routine Medical Inspection in the Prescribed Age Groups for the Session 1952-53.

Average Age, Height and Weight is shown in the accompanying Table for each group. Corresponding figures are also shown for last year.

1-2. Clothing and Footwear Unsatisfactory

Of the 8,520 children systematically examined 16 (0.19%) were unsatisfactorily clothed and 17 (0.20%) had unsatisfactory footwear. The gradual trend towards better clothing is maintained—the figure recorded in 1950-51 was 0.29% and in 1951-52 0.21% but with footwear, unsatisfactory condition and in cases unsatisfactory type, is more evident. For 1950-51 0.07% and 1951-52 0.17% are the comparative figures.

397 children were provided with 475 pairs of boots or shoes by the Local Authority.

3. Cleanliness

The preponderance of cases of head infestation has moved to the second age group, boys and girls, and the overall total is again a fractional rise over last year's figure. Of the 8,520 children examined 875 (10.26%) had to be recorded as having nits or vermin in the hair. For 1951-52 the figure was 10.05%. The incidence of dirty or verminous clothing is 0.23% an improvement from 0.32% reported last year.

The diligence of the Health Visitors at their classroom inspections for cleanliness and their re-examinations of affected cases does appear by their training and advice to produce the desire for better standards with most of the girls but to prevent recurrence diligence is required of the mother and applied to her family as a whole.

4. Skin—Head and Body

Of the 8,520 children examined, 22 (0.26%) are recorded with impetigo of the scalp, a figure in the right direction when compared with 0.44% 1951-52 and 0.35% 1950-51. Impetigo of the body has remained substantially the same and no case of scabies was seen at routine inspection. Other conditions, however, showed an increase of 366 cases (4.30%) from 3.52% last year.

5. Nutritional State

The recorded figures of nutrition slightly below average fluctuates only slightly from year to year. Of the 8,520 children examined 104 (1.22%) were reported under this heading while none were found to be badly nourished.

During the session 2,122,384 meals, supplied by the School Meals Service, were taken by the children.

6. Mouth and Teeth Unhealthy

A somewhat higher percentage is recorded under this heading—324 children of the total 8,520 being 3.80%. This partly reflects individual assessment. Last year 2.85% of the total examined was recorded.

7. Naso-Pharynx

Conditions causing nasal obstruction requiring operative treatment in 31 (0.36%) of the 8,520 children examined and Tonsils recommended for removal 94 (1.10%) are both less than last year when 0.47% and 1.85% respectively were recorded. The number of children noted for further observation of Tonsils is however higher 566 (6.64%) against 5.54% last year. Fewer cases of enlargement of cervical glands were reported than last year and none required operation. The figures were 175 (2.05%) as against (2.24%).

8. Eyes

External eye diseases were reported, Blepharitis—186 children (2.18%) of the total 8,520 an increase from 1.60% last year but Conjunctivitis was present in 62 (0.73%) a reduction from 1.07% last year. 324 children had Strabismus 3.80% of the 8,520 children systematically examined, compared with 3.46% last year

Defects in visual acuity in the age groups, other than entrants, systematically examined, were noted in 880 children (17.74%) to a degree, by Snellen's test, not worse than 6/12 in the better eye and in 78 (1.57%) to a greater degree.

Altogether 226 (4.56%) were recommended to have refraction.

Assessment of colour vision is carried out systematically with all the boys in the third age group and the percentage found to be defective 4.35% of the age group is less than was recorded last year.

The total number of children in the age group born in 1945 who were primarily examined for visual and hearing acuity was 2,128—1,071 boys and 1,057 girls and the percentage with fair vision was 18.42% (392 children) and bad vision 2.21% (47 children) 135 children, 6.34%, were recommended for refraction.

These percentages are again a little above those quoted earlier for the total age groups having vision tests at systematic medical inspection. 72 children (3.38%), 30 boys and 42 girls, were noted to have Strabismus.

9. Ears

The incidence of otorrhoea is considerably higher, 85 (1.00% of the total 8,520 examined) which may have some significance when considered in relation to the cases of Tonsils requiring observation.

Defect in hearing perception when the examiner uses a forced whisper standing at six metres distance and unobserved by the child was classified as grade I. with 54 children (0.63%) and grade II.a with 8 (0.09%).

Of the 2,128 children in the 1945 age group who were given the same forced whisper test when examined by the Medical Officers 26 (1.22%) of this age group had Grade I. defect, none Grade II.a and one Grade II.b—this child had been recommended for admission to the School for the Deaf and was transferred before the end of the session.

AUDIOMETRIC SURVEY

Summary of Tests Completed During Session 1952-53

	Listed	Tested	Re-tested	Normal	Defective	Grade I.	Grade IIa.	Grade IIb.	Grade III.	Absent	Transferred	Left	Referred to Deafness Clinic
1943 Age Group	2,475	2,321 93.77%	931 40.1%	2,218 95.56%	103 4.44%	67 65.05%	30 29.13%	6 5.83%	—	113	19	22	8
Percentage Total													
1943 Age Group	—	—	—	—	—	2.89%	1.29%	.26%	—	—	—	—	—
1942 Age Group	57	50 87.72%	23 46%	50 100%	—	—	—	—	—	4	1	2	—
Absentees	—	—	—	—	—	—	—	—	—	—	—	—	—
Previous Defectives	202	136 67.33%	134 98.53%	31 22.79%	105 77.2%	36 34.29%	40 38.10%	29 27.62%	—	18	25	23	25
New Cases	438	421 96.16%	327 77.67%	271 64.37%	150 35.63%	76 50.67%	54 36%	20 13.33%	—	16	—	1	24
Tested in Clinic	9	9	—	—	9	—	7	2	—	—	—	—	2
							77.77%	22.22%					

3,181	2,937	1,415	2,570	367	179	131	57	—	151	45	48	50
	92.33%	48.18%	87.5%	12.50%	48.77%	35.69%	15.53%					

Close collaboration between the audiometrician and the medical officers in the assessment of hearing of the second age group, the practice being to give these children an audiometric test and record findings prior to the routine medical inspection has made thorough ascertainment and investigation very satisfactory.

Complete satisfaction however was not obtained by group testing with the Gramophone Audiometer and following comparative tests with different machines, of selected children, it was felt that greater reliability attached to the pure tone test given individually and permission to purchase an Amplivox Pure-tone Audiometer was given by the Health Committee. This will be used generally next session.

The results obtained by audiometry show:—

		GRADES				Totals.
		I.	IIa.	IIb.	III.	
Girls	.....	83	57	26	—	166
Boys	.....	96	74	31	—	201
		<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
		179	131	57	—	367
		<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

During this session four Grade IIb. boys have been transferred from Primary Schools to the School for the Deaf.

Hearing Aids

At present there are forty-six hearing aids being used by children of school age in Dundee.

Pupils of School for the Deaf	.....	27
Pupils in ordinary schools	.....	19
		<hr/>
		46
		<hr/>

10. Speech

Of the 8,520 children examined systematically, fractional increases are recorded under both the sub-headings on last year's figures—38 (0.45%) with defective articulation and 26 (0.31%) with stammer. It is felt that with more time to engage the child in a deliberate conversational exercise these figures would be rather higher.

11. Mental and Nervous Conditions

The same comment as was made in last year's annual report with regard to age incidence and to follow-up treatment applies to the figures recorded this year.

Backwardness, 8 children (0.09%) dull mental capacity, 5 children (0.06%) and mentally handicapped entrants on trial 2 (0.02%). Emotional instability, 12 (0.14%) and with behaviour disorders a considerably higher figure, 27 children being 0.32% of the total 8,520 examined.

12. Circulatory System

Statistics of the incidence of cardiac abnormalities, either of congenital origin or acquired as the result of previous illness, found at routine medical inspection of all the prescribed age groups show no significant change from those recorded last year.

Of the 8,520 children examined, 15 (0.17%) had congenital cardiac lesions and 13 (0.15%) acquired organic heart disease. Functional irregularities were noted in 44 children (0.52%).

13. Lungs

Of the 8,520 children examined 44 (0.52%) had symptoms of chronic bronchitis, 26 (0.31%) signs and history suggestive of tuberculosis and 194 (2.28%) presented signs of other lung conditions. The percentages are a repetition of last year's findings.

14. Deformities

Deformities, sequelae of anterior poliomyelitis were noted in 10 children (0.12%) and from other causes in 270 children (3.17%).

15. Infectious Diseases

Of the total 8,520 children systematically examined only 9 (0.11%) presented were suffering from infectious disease.

16. Other Diseases or Defects

403 (4.73% of the total inspection) fall to be recorded under this heading.

Special Examinations in Schools

These examinations are made at the request of teachers, parents, health visitors and in some cases of pupils themselves and the following table also includes general medical inspection of pupils numbering 506—all of whom have defects—in the special schools for handicapped children.

The re-examinations are of children found to have a defect at routine medical inspection or at a special examination.

					1,079 Children examined 1,008 defective.	3,549 Children re-examined 1,081 still defective.
Head—Vermin	....	.....	.....	.....	8	—
Nits	.....	.....	.....	.....	46	4
Other conditions	.....	.....	.....	.....	28	288
Body—Vermin	.....	.....	.....	.....	—	7
Other conditions	.....	.....	.....	.....	48	15
Diseases of tonsils	.....	.....	.....	.....	48	103
Defective Vision	.....	.....	.....	.....	170	299
Diseases of Eye	.....	.....	.....	.....	66	38
Defective Hearing	.....	.....	.....	.....	196	30
Diseases of Ear	.....	.....	.....	.....	44	26
Speech Defect	.....	.....	.....	.....	51	15
Mental or Nervous Condition	.....	.....	.....	.....	189	12
Infectious Disease	.....	.....	.....	.....	3	—
Other conditions	.....	.....	.....	.....	549	273

Other special examinations are carried out for the purpose of ascertainment for special educational treatment and during the present session 75 children were reported to the Director of Education as requiring such treatment in special day schools in Dundee and two for institutional care as educable mentally handicapped children.

Two children were recommended for periods of convalescence in a Convalescent Home providing education.

The Education Committee also approved the admission of one former pupil of Fairmuir to Anton House Training Centre.

The following table shows the conditions necessitating special educational treatment and the appropriate recommendations made:—

To Fairmuir School—Physically Handicapped.

[illegible]

To Fairmuir School—Mentally Handicapped.

Educable	29
1	
30	

To Occupation Centre—Fairmuir School.

Ineducable	00000	00000	00000	00000	00000	00000	00000	10
„ + Cerebral Palsy	00000	00000	00000	00000	00000	00000	00000	2
								12

To Sight Saving School.

Albinism and Nystagmus	*****	7-80%	9-90%	—	—	—	1
Choroido-Retinal Degeneration		*****	—	—	—	*****	1
Retinitis Pigmentosa	*****	*****	—	60-90%	90%	****	1

3

To School for the Deaf.

Grade IIb, Deaf	000000	000000	000000	000000	000000	000000	3
Grade III, Deaf	000000	000000	000000	000000	000000	000000	1
							<hr/> 4

19 children were referred by the medical officers of this department for psychological investigation examination, and if necessary special educational treatment, in the Child Guidance Centre.

Habit Disorders	000000	000000	000	000000	0	0	8
Temperamental Disorders	000000	000000	000000	000000	000000	000000	7
Behaviour Disorders	000000	000000	0000	000	000000	000000	4
							10

5.—MEDICAL TREATMENT

A. Minor Ailments

The attendances at the clinics, Consultation and Treatment in St. Michael's school medical rooms indicated that the experiment made last session was fully justified and provided facilities where they *were* needed so that the sessions were continued throughout the present school year. The reconstructed Out-Patient Department at Maryfield Hospital was completed at the beginning of February 1953 and it was a pleasure to institute again the School Health Service clinic in part of the well-equipped, attractively decorated block at the entrance to the hospital.

In all other areas facilities were provided as in the previous session but in certain cases the number of treatment sessions and their duration was curtailed for economy in staff where attendances pointed to this modification of arrangements.

Consultation Clinic Attendances

	Children 2-5 years		Children 5-15 years	
	Cases.	Con- sultations.	Cases.	Con- sultations.
Central ..	116	158	1,565	3,610
West at Central	26	45	472	985
Lochee	19	21	687	1,131
Ferry Road	34	41	377	773
Broughty Ferry	22	60	211	523
Maryfield	27	39	818	1,368
King's Cross West	29	42	251	460
St. Michael's	13	17	1,015	1,476
Special Consulta- tions at Central	51	88	198	315
	<hr/> 337	<hr/> 511	<hr/> 5,594	<hr/> 10,641

It will be noted that the total attendances of school children is not very much reduced from last year. The redistribution was accounted for by the transfer of the protestant primary school from St. Michael's to the new Mid Craigie primary school and by the rapidly growing Mains of Fintry housing scheme both served by Maryfield Clinic.

The considerable drop in attendances of children from the Western area in the city is explained partly by the transfer of families to the new housing areas on the perimeter of Dundee but there is still a need for clinic premises within the area.

The number of cases treated and the attendances made at the eight clinics and one for cleansing and scabies treatment is shown in tabular form as follows:—

Treatment Clinic Attendances
Totals for Eight Clinics and One Scabies Treatment Centre

	Children 2-5 years			Children 5-15 years		
	Cases.	Attendances		Cases.	Attendances	
		No.	Av.		No.	Av.
Cuts, bruises, sprains minor						
injuries, etc.	3	7	2.33	2,233	12,059	5.40
Disease of Ear	1	1	1.00	282	2,164	7.67
Diseases of eye (Ex. Def.						
Vision)	1	1	1.00	486	3,161	6.50
Diseases of Skin—						
Ringworm (scalp)	1	10	10	2	24	—
X-ray treatment	—	—	—	—	—	—
Other treatment (Thallium)	1	10	10	—	—	—
Manual epilation	—	—	—	1	20	—
Dermatologist's Consultation Clinic.						
Ringworm (Body)	—	—	—	6	10	1.67
Scabies:						
Clinic treatment	—	—	—	3	4	1.33
Baths treatment	2	13	—	17	56	3.29
Impetigo	3	11	—	271	2,124	7.84
Other Diseases	3	6	—	162	831	5.13

Apart from the one pre-school child no new cases of Tinea Capitis were seen. This young child was seen in August 1952, with a single occipital patch. Hairs were not fluorescent by Wood's glass but positive microscopically and she was treated by Thallium acetate at Dundee Royal Infirmary with satisfactory epilation, good regrowth, and no clinical evidence of disease six months later. The two school-age pupils were cases reviewed after X-ray epilation last session. One was discharged clear after three re-examinations, the other had persistent fluorescent hairs, manually epilated as they appeared, and was still being watched at the close of the session.

The few cases of scabies reported show that the response to treatment was very satisfactory, an average of three treatments being necessary.

Treatments prescribed by the Consultants in Ophthalmology, Dermatology and diseases of the Ear, Nose and Throat, as shown on their separate reports appended at the end of this report, are given at the time by the Health Visitor

in attendance at these clinics; supplied for application at home or ordered on R.B.P. (Scot) prescription form (10 for eyes, 6 for E.N.T., 83 for skin conditions were given) by arrangement with the Eastern Regional Hospital Board Administrative Medical Officer.

B. Defective Vision and Squint

The Local Authority have continued the Eye clinic organisation management and the Eastern Regional Hospital Board Ophthalmologists have conducted eight sessions weekly with practically the full-time service of the dispensing optician appointed by the General Hospitals Board of Management.

2,673 children had refraction and 1,390 retests were made.

1,784 children were provided with glasses. Of these 1,470 had new glasses and 314 had new lenses fitted to their own frames under the Central Contract scheme.

Orthoptic Treatment

The assistant orthoptist whose appointment was mentioned in last year's report commenced duty at the beginning of the session and the work continued as previously outlined and in the same premises with the additional equipment required for two orthoptists who shared the work of the department. From the first of April 1953 the service was, however, transferred to the administration of the Eastern Regional Hospital Board within the National Health Service. The following table gives the statistical record of the cases seen and treated:—

Brought forward from previous session:—

On Waiting List—July 1952

Too young for treatment	107	
Ready for treatment	375	
		482
Under treatment		
Occlusion	122	
Clinic	101	
		223
Postponed	183	
		887
New Cases	268	
Return Cases	8	
		1,163

				Dundee Children.	
Examined, not requiring treatment ...	30			5 yrs. +	14
Unsuitable for treatment	34			5 yrs. +	25
		—	64		
Cases discharged					
Cured	44			5 yrs. +	24
Improved	41			5 yrs. +	36
Failed to improve	17			5 yrs. +	16
Failed to attend	70			5 yrs. +	41
				5 yrs. —	1
Left Dundee	22			5 yrs. +	13
		—	194	5 yrs. —	1
Under treatment, July 1953. *					
Occlusion	86			5 yrs. +	71
				5 yrs. —	11
Clinic	157			5 yrs. +	114
		—	243		
On Waiting List for 1953-54.					
Too young for treatment....	107			5 yrs. —	96
Ready for treatment	361			5 yrs. +	322
		—	468		
Postponed			194	5 yrs. +	182
			—		
			1,163		
			—		
Total Attendances for the year to 31/7/53 .....7,783					
5 years and over				7,277	
Under 5 years				506	
				—	

C. Nose and Throat (Operative Treatment)

The same facilities for Consultant opinion with recommendations for subsequent treatment or further investigation at one Specialist clinic session weekly have been maintained throughout the year.

In the case of children requiring admission to hospital for operative treatment, the very satisfactory arrangements for the admission of a limited number weekly to Stracathro Hospital, which had to be discontinued before the end of last session, did not recommence until December 1952 with the number limited to six.

The Dundee Royal Infirmary however, was able to admit the majority of the cases on the Waiting list so that from June 1953, adequate provision was made by fortnightly admission thereafter.

Maryfield Hospital has continued to admit the children in the younger age groups.

Operative treatment of children referred from the Consultant clinic was carried out as stated below:—

Stracathro Hospital (from 8/12/52).	2.5 years.	5 years and over.
Removal of Tonsils and adenoids . . .	2	83
Removal of adenoids	—	12
Removal of Aural Polypus	—	1
Bilateral Proof Puncture	—	5
Removal of Granulations Rt. Ear	—	1

Maryfield Hospital.

Removal of Tonsils and adenoids	26	3
Removal of adenoids	12	—

Dundee Royal Infirmary.

Removal of Tonsils and adenoids	—	31
Removal of Adenoids	1	9
Bilateral Proof Puncture	—	6
Intra nasal antrostomy	—	3
Removal of Granulations Ear	—	1
Removal of Aural Polypus	—	5
Wax removed under general anaesthetic	—	1

D. Orthopaedic and Postural Defects (Specialist Treatment)

With the National Health Service Children's Orthopaedic Service catering for the needs of the child population of the city within the Eastern region this report only applies to those handicapped children receiving special educational treatment in Fairmuir School, who are there regularly examined by the Orthopaedic Consultant at his monthly sessions and have their treatments by physiotherapists from the staff of Kemback Street who are seconded for this work in the school.

Fairmuir School	New.	Return.
Number of cases examined by the Orthopaedic Consultant	7	158
Recommended for hospital treatment:—		Children.
On waiting list at 31/7/52	—	4
Added during the session	—	14
		—
		18
		==
Admitted to Bridge of Earn Hospital	—	12
Admitted to Dundee Royal Infirmary	—	1
On waiting List at 31/7/53	—	5

Arrangements were concluded between the Local Authority and the Eastern Regional Hospital Board before the end of the session for the new Physiotherapy department in the grounds of the school, the Education Committee having approved plans for the construction of the department and the Board the provision of Staff and the movable equipment necessary for the treatment of the children. It is anticipated that it will be in operation in the next school session.

E. Speech Defects

In accordance with the recommendations made by the advisory Council on Education in Scotland dealing with pupils handicapped by speech disorders that special surveys should be made to ascertain the frequency of speech defects among children of school age this Education Authority approved that the two Speech Therapists in their service should for the autumn term discontinue their usual remedial treatments and jointly undertake a survey of all the children in the city schools. This was accomplished by the two Speech Therapists visiting class by class giving simple conversation tests to each individual child and thereby making their assessment. This required a comparatively short time and disorganisation of class work was kept to a minimum. The Head Teachers were notified a few days in advance of the visit and the teaching staff gave the fullest co-operation.

The compilation of the report of this survey is in progress and it is expected that much valuable information will have been obtained.

Unfortunately one of the speech therapists resigned at the end of the year when the survey was completed and the other recommenced the task (impossible, single-handed) of remedial therapy to those children whose training had been interrupted. This involved the rearrangement of the work so that she visited the schools only on alternate weeks for the remainder of the session.

An assistant speech therapist was, however, appointed and will commence work at the opening of the next session.

The Statistical Record of Speech Defects Found by the Survey
is as follows:—

	Boys.	Girls.	Total.
Dyslalia	1,359	844	2,203
Stammer	182	47	229
Hoarseness	30	13	43
Nasal Speech	18	14	32
Cleft Palate Speech	5	6	11
Deaf Speech	3	1	4
Spastic	—	1	1
	<u>1,597</u>	<u>926</u>	<u>2,523</u>
Absent at the time of the survey	1,184	1,128	2,312

The Statistical Record of the Speech Therapist's Remedial Work
is as follows:—

	Boys.	Girls.	Total.
Number of school children receiving treatment	242	103	345
New Cases	41	9	50
	<u>283</u>	<u>112</u>	<u>395</u>

Defects for which treatment was given.

Stammer	112	24	136
Dyslalia	162	80	242
Nasal	4	3	7
Cleft Palate	3	3	6
Deaf Speech	2	1	3
Hoarseness	—	1	1
			<u>395</u>

Number of children discharged from further treatment

Stammer	—	—	27
Dyslalia	17	10	27

Number of children left school

Stammer	12	5	17
Dyslalia	4	2	6

Number of children transferred but still requiring treatment

Stammer	2	—	2
Dyslalia	10	3	13

	Boys.	Girls.	Total.
Refused further treatment			1
Stammer	1	—	1
			66

Number of cases to be carried forward
to next session.

Stammer	97	18	115
Dyslalia	131	66	197
Nasal	4	3	7
Cleft Palate	3	3	6
Deaf Speech	2	1	3
Hoarseness	—	1	1
	237	92	329

Pre-School Children.

Number of children receiving treatment.

Cleft Palate	3	—	3
Dyslalia	4	—	4
	7	—	7

Number of children discharged from
further treatment.

Dyslalia	1	—	1
----------	---	---	---

Number of children to continue
treatment next session.

Cleft Palate	3	—	3
Dyslalia	3	—	3
	6	—	6

Total Attendances:—

School children	2,101
Pre-school children	55

2,156

6.—DENTAL INSPECTION AND TREATMENT

A separate annual report of the work of the School Dental Service is presented by the Senior Dental Officer.

7.—SPECIAL SCHOOLS AND CLASSES

Reference should be made to this section of last year's annual report where it was explained that as the result of a careful survey of all the children in Fairmuir School the Head Teacher was instructed to reorganise the classes so that

children of comparable attainment would be grouped for their educational instruction irrespective of the disability necessitating special educational treatment. The scheme has been in operation throughout the session and the Head Teacher reports that the pupils of all levels of intelligence have benefitted and the conduct of the school as a unit instead of two departments had many advantages.

The Medical Officer attached to the school has paid her weekly visit as regularly as possible and special visits when required and has closely supervised the general health of the pupils, being watchful for improvement or deterioration so that appropriate health measures are introduced.

On account of the increased number of severely disabled children enrolled in the school the Education Committee have placed an order for a specially constructed bus to ensure comfort in travelling and which will be available for other purposes when not so used.

Many of the pupils enjoy a holiday at Aucherhouse Children's Home at each of the vacations and a number are able to return to ordinary school each year.

For those who have reached the school leaving age interviews are given in school by the Juvenile Employment Officer when the Medical Officer attends and contributes advice so that the majority are guided to suitable employment. For some mentally handicapped pupils it is necessary to forward their case histories to the Public Health Department, Mental Health Service, to ensure that supervision will be provided.

(a) **Fairmuir School**

	Boys.	Girls.	Total.
On roll at 31/7/52	158	135	293
Admitted	47	26	73
Admitted from Occupational Centre	1	3	4
Re-admitted from Hospital	5	1	6
Transferred to Institution or Approved School	3	1	4
Transferred to Hospital	7	—	7
Transferred to Ordinary School	8	3	11
Transferred to Other Areas	2	2	4
No longer requiring special education after 15 years of age	5	2	7
Left—Over-age	21	15	36
On roll 31/7/53	165	142	307

(b) Occupation Centre (Fairmuir School).

	Boys.	Girls.	Total.
On roll at 31/7/52	29	17	46
Admitted	6	3	9
Transferred from School	1	3	4
Transferred to Institution	1	—	1
Left—Over-age	2	3	5
On roll at 31/7/53	31	14	45

One physically handicapped Dundee child is a pupil of Trefoil Residential School and one is resident in East-Park Home, Glasgow.

One Dundee child is in Bridge of Weir Colony for Epileptics, Residential School.

Three educable mentally handicapped Dundee children, requiring residential care, are in St. Charles Institution, Carstairs, two in Baldovan Institution, and one in Lennox Castle Institution.

(c) Sight Saving School

This school is visited periodically by an assistant Medical Officer and all the children have a routine medical examination annually. They also attend at Nelson Street Clinic for examination by the Consultant Ophthalmologist as he prescribes. A final examination is always made before the school leaving date and his advice acted upon in making selection of suitable employment. Those pupils undergoing part-time technical training in Dundee Institution for the Blind continue under supervision until 18 years of age.

	Boys.	Girls.	Total.
On roll at 31/7/52	23	25	48
Admitted	4	1	5
Transferred to other Special School	1	2	3
Left—Over-age	4	1	5
On roll at 31/7/53	22	23	45

Three Dundee children are receiving residential education in the Royal Blind School, Edinburgh.

(d) School for the Deaf

This school is also visited periodically by an assistant medical officer who medically examines each child. Audiometric tests of the partially deaf are made and guidance with regard to suitable employment of those about to leave school given by the Consultant Aurist.

	Boys.	Girls.	Total.
On roll at 31/7/52	14	20	34
Admitted	5	2	7
Left—Over-age	2	1	3
On roll at 31/7/53	17	21	38

Three Dundee children who are pupils of the School were resident in Dudhope Bank, the Hostel maintained by the Dundee Institution for the Education of the Deaf. One returned to his own home before the end of the session.

(e) **King's Cross Hospital School**

The population of the special school, conducted in two wards for children undergoing treatment for Pulmonary Tuberculosis is of necessity variable and promotion to enrolment in the school indicates progress towards recovery and preparation to return to ordinary school. Instruction is also given to children in other wards of the hospital as advised by the Medical Superintendent.

	Boys.	Girls.	Total.
On roll at 31/7/52	10	10	20
Admitted	18	24	42
Discharged	19	16	35
On roll at 31/7/53	9	18	27

Domiciliary Teaching

Five pupils convalescent from prolonged illness or with disabilities which prevented them from attending school were having instruction in their own homes by the visiting teacher at the end of the present session.

Child Guidance Clinic

The report by the Principal Educational Psychologist for session 1952-53 to the Education Committee makes welcome mention of the transfer of the clinic to the permanent Child Guidance Centre at 8a Nelson Street in February 1953, and to the establishment there of satisfactory conditions for consultation by the Psychiatrist, examination and treatment by the clinic Psychologist, testing and ascertainment of special cases by the Educational Psychologist and interviews by the Psychiatric Social Worker.

The majority of the intelligence testing of school children by the Educational Psychologist takes place in the schools and this session his report and recommendation was asked in

respect of 42 children by the Medical Officers of this department. As mentioned earlier in this report, 19 children were referred to the Clinic Psychologist for investigation and therapy by medical officers of this department. Following is statistical information of the work of the Child Guidance Clinic abstracted from the comprehensive report to the Education Committee.

Cases carried forward from July 1952.

Current	39	
On waiting list	9	
	—	48
New cases referred		87
		<hr/>
		135
		<hr/>
Cases dealt with during 1952-53		132
Waiting list carried forward to 1953-54		3

Reasons for referral (classified under main symptom).

Intelligence disorders	6
Behaviour disorders	15
Temperamental disorders	21
Habit disorders	23
Neurotic Illness	1
Psychological examinations	21
	<hr/>
	87
	<hr/>

Interviews.

Psychiatrist.

New cases seen	20
Return visits	76
Interviews with parents	26

Psychologist.

New cases seen	76
Return visits	683
School visits	74

Social Worker.

Interviews in clinic	367
Home visits	267

Nursery Schools and Classes

Mention has already been made in this report of the medical examination and supervision of the children having nursery school education. The provision made for this age

group in Nursery Schools and nursery classes in Primary Schools is as follows:—

Nursery Schools	Aver. No. on the roll		Aver. No. in attendance	
	Boys.	Girls.	Boys.	Girls.
Polepark	20	20	15.5	16.5
Wesley House	12.8	11.7	11.5	10.8
Bellfield	22	22	19	19
Grey Lodge	10	12	7.81	8.75
Ellangowan	18	26	15	24
Cotton Road	43.3	38.68	34.33	30.6

Nursery Classes

Dens Road School	11	13.5	85.7	89.1
Ancrum Road School	9.4	10.4	8.6	9.1
Liff Road School	13.6	12.1	11.9	10.4
Demonstration School	7	13	6.9	10.8

Holiday and Convalescent Homes

Auchterhouse Holiday Home received 328 children for fortnightly periods. Newport Children's Home, Comerton, received 160 children for fortnightly periods. St. Leonard's Convalescent Home, St. Andrews, received 14 children for four weeks' residence.

8.—ARRANGEMENTS FOR PHYSICAL EDUCATION AND PERSONAL HYGIENE

The Superintendent of Physical Education by close personal supervision, planning and enthusiasm ensures that active exercises, recreation, and instruction, forms part of the curriculum for children of all ages and with the additional playing field accommodation provided at Balfield the majority of the older children learn and enjoy team games.

Swimming instruction and practice is also a feature of many school activities culminating in keen competition at the annual swimming gala.

School Camps

The summer camps, arranged by the Board of Directors of the Dundee School Children's Holiday Fund, and by the generosity of the Angus Education Committee were housed

for both Protestant and Roman Catholic children in schools in Arbroath and for Senior and Junior Secondary School boys two canvas camps in Glen Clova were organised.

For three succeeding weeks different parties of Protestant children occupied Abbey School and three groups of Roman Catholic children each spent a week in Parkhouse School.

The usual high standard of management, catering and organisation of activities ensured for all the children a memorable holiday beneficial to body, mind and spirit. Messages expressing the pleasure the visits of the children gave to the citizens of Arbroath have been received by the Board.

The canvas camps were also highly successful and thoroughly enjoyed.

Pre-camp medical inspections were as usual carried out by the School Medical Officers. 410 pupils were medically examined, 83 required re-examination, and 375 were passed fit and suitable to go to camp.

Other Dundee children benefitted from camps organised by other agencies. 42 children were medically examined and passed to go to the Grey Lodge Settlement Association's holiday camp at Aberfoyle, 16 Boys' Brigade boys were passed medically fit to go to their company's camp and 19 children were medically examined before departure to the National Holiday Camp at Gorebridge.

Belmont Camp School

Dundee school children occupied Belmont Camp School for ten weeks during the months of March, April and May, 1953, when pupils and staff from Grove Academy, Blackness, Butterburn, Mid Craigie Primary, Mains and St. Mary's (Forebank) Schools experienced the advantages of residential school in a delightful rural environment with all the contrasts this provides to town life. As a stimulus to the health and vitality of the children this annual provision is greatly commended. This year the School's Orchestra had a session to themselves, 60 members going into residence for intensive practice during the first week of April.

Altogether 1,024 children were medically examined in their schools, 107 re-examinations were necessary and 1,007 were passed fit to go to the camp school.

9.—OTHER ACTIVITIES IN RELATION TO THE HEALTH OF SCHOOL CHILDREN

The importance of the mid-day meal as a contribution to better health and educational efficiency is everywhere accepted and it is the constant concern of the Education Committee and the School Meals Organiser that Dundee School children are provided with highly nutritious food, interestingly varied, cooked with the greatest care and efficiency, transported with the minimum of delay and served attractively.

The Committee considered again the proposal to have sample meals analysed so that they could be informed of the composition and calorie value of a variety of meals actually presented to children, and authorised that three meals being served to children of different ages in different schools and provided by different kitchens, should be analysed quarterly. This has been carried out throughout the session and the reports by the City Analyst submitted to the Committee by the School Medical Officer.

Cleanliness and observation of hygienic principles were noted on visits to cooking depots and dining centres.

Lectures on the School Health Service with visits demonstrating the nature of the work were undertaken by the Chief Executive School Medical Officer to Post-Graduate students studying for the Diploma of Public Health at University College, Dundee, and groups of undergraduates were shown the practice of routine medical inspection and visited special schools and nursery schools as part of the curriculum of the Child Health Course.

Talks on the activities of the School Health Service were given to Parent-Teacher Associations, the Easter course for students at Dundee Training College and the Parentcraft course for Health Visitors.

OPHTHALMOLOGISTS — SPECIALIST CLINICS

REPORT 1952-53

Report on cases seen at the Eye Clinics during session 1952-53.

Dr A. K. Tulloch

	New Cases.	Attendances.
Refractions	1,350	2,105
Corneal Ulcers	8	11
Blepharitis	15	36
Conjunctivitis	36	58
Anophthalmus	2	2
Follicular Conjunctivitis	1	3
Congenital Choroidal Degeneration	—	2
Chalazion	2	5
Trauma	3	6
Nystagmus	1	1
Phlyctenular Conjunctivitis	1	6
Post operative squint	—	3
Sub-conjunctival Ecchymosis	2	2
Hordeolum	1	1
Interstitial Keratitis	—	2
Post operative glioma retinae	—	3
Examination of Fundi	9	9
Epiphora	1	3
Optic Atrophy	2	2
Coloboma Iris	1	1
	<u>1,435</u>	<u>2,261</u>

Dr R. M. Mathers

	New Cases.	Attendances.
Refractions	1,335	1,993
Corneal Ulcers	1	3
Blepharitis	2	10
Conjunctivitis	32	80
Follicular Conjunctivitis	1	5
Lid Abscess	3	8
Chalazion	1	2
Trauma	3	4
Foreign Body	2	3
Phlyctenular Conjunctivitis	2	2
Stye	1	1
Interstitial Keratitis	1	2
	<u>1,384</u>	<u>2,122</u>

Total of New Cases Seen	2,819
Total of Attendances	4,383

EAR, NOSE AND THROAT SPECIALIST CLINIC

SESSION 1952-53

	2-5 years.	5 years and over.
New cases	54	308
Return Cases	6	152
	<hr/> 60	<hr/> 460

Diagnoses were made as follows:—

	2-5 years.	5 years and over.
Negative Examinations	5	23

Ear Conditions:—

	New Cases.		Return Cases.	
	2-5	5 & over.	2-5	5 & over.
Acute Otitis Media	—	11	—	8
Chronic Otitis Media	2	38	2	52
Retracted drums	—	2	—	1
Wax	—	7	—	1
Deafness	4	61	—	22
Radical Mastoiditis	—	3	—	2
External Otitis	1	5	2	8
Polypus	—	7	—	3
Furuncle	—	3	—	1
Perforation	—	4	—	10
Keratosiis	—	1	—	—

Nose Conditions:—

	New Cases.		Return Cases.	
	2-5	5 & over.	2-5	5 & over.
Rhinorrhoea	1	16	—	2
Sinusitis	—	—	—	18
Nasal Obstruction	1	3	—	—
Atrophic Rhinitis	—	1	—	—
Allergic Rhinitis	—	3	—	1
Chronic Nasal Catarrh	2	5	—	3
Deviated Septum	1	4	—	—
Epistaxis	—	3	—	—
Enlarged Turbinals	—	2	—	1
Acute Rhinitis	—	1	—	—
Excoriatiou Narces	—	—	—	1
Coryza	—	1	—	—

Throat Conditions:—

	New Cases.		Return Cases.	
	2-5	5 & over.	2-5	5 & over.
Tonsils and Adcnoids	25	115	1	4
Adenoids	11	15	1	—
Tonsils	2	2	—	—
Cervical Adenitis	—	4	—	1
Nodc Vocal Cord	—	1	—	—
Retention Cyst Tonsil	—	1	—	—

General Conditions:—

		New Cases.		Return Cases.	
		2-5	5 & over.	2-5	5 & over.
Frontal Headache	.....	—	4	—	—
Mentally Backward	.....	1	1	—	—
Nasal Speech	.....	1	1	—	1
Recurring Colds	.....	1	—	—	—
Congenital Abnormality	.....	—	—	—	—
Cartilage of the Ear	.....	1	—	—	—

REFERRALS:—**Stracathro Hospital**

		2-5 years.	5 years and over.
Tonsils and Adenoids	.....	2	75
Adenoids	.....	1	10
Proof Puncture	.....	—	1
Bilateral Intra nasal Antrostomy	.....	—	5
Removal of Aural Polypus	.....	—	2

Maryfield Hospital

Tonsils and Adenoids	.....	20	3
Adenoids	.....	4	—
X-Ray Sinuses	.....	—	22
X-Ray Mastoid	.....	—	4

Dundee Royal Infirmary

Tonsils and Adenoids	.....	4	30
Removal Keratosis	.....	—	1
Adenoids	.....	6	6
Bilateral Antral Lavage	.....	—	6
Proof Puncture and Intra nasal Antrostomy	.....	—	1
Removal of Polypus	.....	—	6
Removal of Granulations Ear	.....	—	1
Modified Radical Mastoidectomy	.....	—	1
To Deafness Clinic	.....	3	55
To Speech Therapist	.....	—	1
		<u>40</u>	<u>230</u>

OPERATIVE TREATMENT:—**Stracathro Hospital (from 8/12/52)**

		2-5 years.	5 years and over.
Removal of Tonsils and Adenoids	.....	2	83
Removal of Adenoids	.....	—	12
Removal of Aural Polypus	.....	—	1
Bilateral Proof Puncture	.....	—	5
Removal of Granulations Right Ear	..	—	1

Maryfield Hospital

Removal of Tonsils and Adenoids	....	26	3
Removal of Adenoids	.....	12	—

Dundee Royal Infirmary

	2-5 years.	5 years and over.
Removal of Tonsils and Adenoids	—	31
Removal of Adenoids	1	9
Bilateral Proof Puncture	—	6
Intra nasal antrostomy	—	3
Removal of Granulations Ear	—	1
Removal of Aural Polypus	—	5
Wax removed under general anaesthesia	—	1

DERMATOLOGIST'S CLINIC**SESSION 1952-53**

	Children 2-5 yrs.		Children 5 yrs. & over.	
	Cases.	Attendances.	Cases.	Attendances.
Ringworm of the Scalp	1	10	2	24

Other Skin Conditions

Impetigo	1	1	5	12
Vesicular Eruptions	—	—	1	3
Chronic Infective Dermatitis	—	—	4	19
Psoriasis	1	1	2	4
Naevus	2	2	7	9
Chronic Urticaria Papulosa	6	13	4	17
Allergic Eczema	2	20	9	45
Acne	—	—	6	22
Dermatitis	—	—	2	4
Plantar Wart	—	—	12	26
Wart on hand	1	1	2	2
Molluscum Contagiosum	2	2	5	9
Bernier's Puerigo	1	2	—	—
Pityriasis	3	11	2	9
Scaly patches body	—	—	2	4
Scaly patch scalp	1	9	1	1
Alopecia	—	—	3	7
Herpes Zoster	—	—	2	2
Excoriated lesions	—	—	2	3
Scabies	—	—	1	2
Papular Erythema	—	—	1	2
Ichthyosis	—	—	4	6
Furuncle	1	1	—	—
Corn	—	—	1	1
Paronychia	—	—	1	6
Seborrhoea	1	1	—	—
Urticaria	1	1	—	—
No disease	1	1	3	3
	<u>24</u>	<u>66</u>	<u>82</u>	<u>218</u>

Total Attendances

Children 2-5 years	76
Children 5 years and over	242

TABLE I.

1952-53

A. Total number of children examined at:—

Ordinary Schools—	(i)	(ii)
	Systematic Examinations	Other Systematic Examinations
Entrants	3,560	—
Second Age Group (1943)	2,275	87
Third Age Group (1939).....	2,255	55
Senior Secondary Schools—		
Age Group (1936)	287	1
	<u>8,377</u>	<u>143</u>
1945 Age Group	2,128	
(Visual Acuity and Hearing only)		

B. Other Examinations—

Special Cases	7,229
Re-inspection by Medical Officers	8,800

Number of INDIVIDUAL children inspected at systematic examinations who were notified to parents as requiring treatment:—

Entrants	745
Second Age Group	499
Third Age Group	487
Secondary Age Group	36
Other Systematic Examinations	41
1945 Age Group	235

TABLE II.
1952 - 53

SYSTEMATIC EXAMINATIONS

Return of number and percentage of individual children in each age group suffering from particular defects :—

	Number examined	Boys.	Girls.	Secondary.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	All Ages.	Total.
1. Clothing unsatisfactory	5	1829	1731	1210	1152	1195	1115	161	127	4,395	4,125	8,520
2. Footgear unsatisfactory	0.27	0.12	0.25	0.35	0.08	0.09	—	—	—	0.20	0.17	0.19
3. Cleanliness—	4	2	5	4	0.35	0.17	—	—	—	0.25	0.14	0.20
(a) Head: dirty, nits or vermin	70	219	74	260	49	203	—	—	—	193	682	875
(b) Body: dirty or verminous	3.83	12.65	6.12	22.57	4.10	18.21	—	—	—	4.39	16.53	10.26
4. Skin—	4	—	3	1	5	7	—	—	—	12	8	20
(a) Head: Ringworm	0.22	—	0.25	0.09	0.42	0.63	—	—	—	0.27	0.19	0.23
Impetigo	—	—	—	—	—	—	—	—	—	—	—	—
Other Diseases	0.44	0.17	0.41	0.26	0.17	0.09	—	—	—	0.33	0.17	0.26
(b) Body: Ringworm	41	17	29	23	25	2.24	3.11	5.51	2.28	1.75	2.02	2.02
Impetigo	—	—	—	—	—	—	—	—	—	—	—	—
Scabies	—	—	—	—	—	—	—	—	—	—	—	—
Other Diseases	—	—	—	—	—	—	—	—	—	—	—	—
5. Nutritional State:	—	—	—	—	—	—	—	—	—	—	—	—
Slightly defective	—	—	—	—	—	—	—	—	—	—	—	—
Bad	—	—	—	—	—	—	—	—	—	—	—	—
6. Mouth and Teeth unhealthy	—	—	—	—	—	—	—	—	—	—	—	—
7. Naso-pharynx:	—	—	—	—	—	—	—	—	—	—	—	—
(a) Nose:	—	—	—	—	—	—	—	—	—	—	—	—
(1) Obstruction requiring observation	—	—	—	—	—	—	—	—	—	—	—	—
(2) Requiring operation	—	—	—	—	—	—	—	—	—	—	—	—
(3) Other conditions	—	—	—	—	—	—	—	—	—	—	—	—
(b) Throat:	—	—	—	—	—	—	—	—	—	—	—	—
(1) Tonsils requiring observation	—	—	—	—	—	—	—	—	—	—	—	—
(2) Requiring operation	—	—	—	—	—	—	—	—	—	—	—	—
(c) Glands:	—	—	—	—	—	—	—	—	—	—	—	—
(1) Requiring observation	—	—	—	—	—	—	—	—	—	—	—	—
(2) Requiring operation	—	—	—	—	—	—	—	—	—	—	—	—
8. Eyes—	—	—	—	—	—	—	—	—	—	—	—	—
(a) External diseases:	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheritis	—	—	—	—	—	—	—	—	—	—	—	—
Conjunctivitis	—	—	—	—	—	—	—	—	—	—	—	—
Corneal opacities	—	—	—	—	—	—	—	—	—	—	—	—
Strabismus	—	—	—	—	—	—	—	—	—	—	—	—
Other Diseases	—	—	—	—	—	—	—	—	—	—	—	—
(b) Visual Acuity: (Snellen)	—	—	—	—	—	—	—	—	—	—	—	—
Fair	—	—	—	—	—	—	—	—	—	—	—	—
Bad	—	—	—	—	—	—	—	—	—	—	—	—
Recommended for refraction	—	—	—	—	—	—	—	—	—	—	—	—
Colour defective	—	—	—	—	—	—	—	—	—	—	—	—
9. Ears—	—	—	—	—	—	—	—	—	—	—	—	—
(a) Diseases:	—	—	—	—	—	—	—	—	—	—	—	—
Otorrhoea	—	—	—	—	—	—	—	—	—	—	—	—
Other Diseases	—	—	—	—	—	—	—	—	—	—	—	—
(b) Defective Hearing:	—	—	—	—	—	—	—	—	—	—	—	—
Grade I.	—	—	—	—	—	—	—	—	—	—	—	—
Grade IIa.	—	—	—	—	—	—	—	—	—	—	—	—
Grade IIb.	—	—	—	—	—	—	—	—	—	—	—	—
Grade III.	—	—	—	—	—	—	—	—	—	—	—	—
Speech—Defective Articulation	—	—	—	—	—	—	—	—	—	—	—	—
Stammering	—	—	—	—	—	—	—	—	—	—	—	—
11. Mental and Nervous Conditions—	—	—	—	—	—	—	—	—	—	—	—	—
(a) Backward (due to irregular attendance, etc.)	—	—	—	—	—	—	—	—	—	—	—	—
(b) Dull (intrinsic)	—	—	—	—	—	—	—	—	—	—	—	—
(c) Mentally Defective (educable)	—	—	—	—	—	—	—	—	—	—	—	—
(d) Mentally defective (ineducable)	—	—	—	—	—	—	—	—	—	—	—	—
(e) Highly nervous or excitable	—	—	—	—	—	—	—	—	—	—	—	—
(f) Difficult in behaviour	—	—	—	—	—	—	—	—	—	—	—	—
12. Circulatory System:	—	—	—	—	—	—	—	—	—	—	—	—
(a) Organic heart disease—	—	—	—	—	—	—	—	—	—	—	—	—
(1) Congenital	—	—	—	—	—	—	—	—	—	—	—	—
(2) Acquired	—	—	—	—	—	—	—	—	—	—	—	—
(b) Functional	—	—	—	—	—	—	—	—	—	—	—	—
13. Lungs:	—	—	—	—	—	—	—	—	—	—	—	—
Chronic Bronchitis	—	—	—	—	—	—	—	—	—	—	—	—
Suspected Tuberculosis	—	—	—	—	—	—	—	—	—	—	—	—
Other Diseases	—	—	—	—	—	—	—	—	—	—	—	—
14. Deformities—	—	—	—	—	—	—	—	—	—	—	—	—
(a) Congenital	—	—	—	—	—	—	—	—	—	—	—	—
(b) Acquired (Anterior Poliomyelitis)	—	—	—	—	—	—	—	—	—	—	—	—
(c) Acquired (Probably Rickets)	—	—	—	—	—	—	—	—	—	—	—	—
(d) Acquired (Other causes)	—	—	—	—	—	—	—	—	—	—	—	—
15. Infectious Diseases	—	—	—	—	—	—	—	—	—	—	—	—
Other Diseases or Defects	—	—	—	—	—	—	—	—	—	—	—	—

* These percentages are calculated by omitting the entrant group, for which routine vision testing is not carried out.

† Colour vision testing is carried out systematically on the third and fourth age groups (boys) only.

TABLE IV.

Return of ALL Exceptional Children of School Age in the Area
Session 1952-53

DISABILITY.	At Ordinary Schools.	At Special Schools or Classes.	In Institution.	At no School.	Total.
1. Blind	—	7	—	—	7
2. Partially Sighted—					
(a) Refractive errors in which the curriculum of an ordinary school would adversely affect the eye condition	1	11	—	—	12
(b) Other conditions of the eye, e.g. cataract, ulceration, etc., which render the child unable to read ordinary school books or to see well enough to be taught in an ordinary school	—	17	—	—	17
3. Deaf—					
Grade I.	204	—	—	—	204
Grade IIa.	159	1	—	—	160
Grade IIb.	1	7	—	—	8
Grade III.	—	14	—	—	14
4. Defective Speech—					
(a) Defects of articulation requiring special educational measures	339	—	—	—	339
(b) Stammering requiring special educational measures	179	—	—	—	179
5. Mentally Defective (Children between 5 and 16 years)—					
(a) Educable (I.Q. approx. 50-70)	16	116	Occupational Centre — 8 4		144
(b) Ineducable (I.Q. generally less than 50)	—	2 34	Baldovan Day Centre 15 7 10		68
6. Epilepsy—					
(a) Mild and occasional	22	4	— — — —		26
(b) Severe (suitable for care in a residential school)	—	—	— — — —		—

DISABILITY.		At Ordinary Schools.	At Special Schools or Classes.	In Institution.	At no School.	Total
7. Physically Defective (Children between 5 and 16 years)—						
(a) Non-pulmonary tuber- culosis (excluding cervical glands)		13	16	—	—	29
(b) General orthopaedic con- ditions		1,109	52	—	—	1,161
(c) Organic heart disease		59	14	—	—	73
(d) Other causes of ill-health*		2	32	—	2	36

DISABILITY.		At Ordinary Schools.	At Special Schools or Classes.	Occupational Centre	In Institution.	Baldovan Day Centre.	At no School.	Total.
8. Multiple Defects—								
(i) 5b and 7b	.....	—	—	6	2	5	5	18
(ii) 5b and 6a	.....	—	—	3	—	2	2	7
(iii) 5b and 6b	.....	—	—	1	2	—	—	3
(iv) 5b and 1	.....	—	—	—	—	1	—	1
(v) 5a and 7b	.....	—	16	—	—	—	2	18
(vi) 5a and 6a	.....	1	6	—	1	—	—	8
(vii) 5a and 6b	.....	—	—	—	—	—	—	—
(viii) 5a and 7d	.....	1	11	—	—	—	—	12
(ix) 5a and 3	.....	—	7	—	—	—	—	7
(x) 5a and 1	.....	—	1	—	—	—	—	1
(xi) Other multiple defects	.....	61	32	3	1	1	3	101
(xii) 5b and 7a	.....	—	—	—	—	—	1	1
(xiii) 5b and 2b	.....	—	—	—	—	—	1	1
(xiv) 5b and 3	.....	—	—	—	—	1	—	1
(xv) 5b and 4a	.....	—	—	—	—	1	—	1
(xvi) 5a and 4a	.....	—	7	—	—	—	—	7
(xvii) 5a and 7c	.....	—	1	—	—	—	—	1
(xviii) 5a and 4b	.....	—	5	—	—	—	—	5
(xix) 5a and 7a	.....	—	—	—	—	—	—	—
(xx) 5a and 2a	.....	—	—	—	—	—	—	—

* Definition of ill-health—"Children who by reason of ill-health are unable to attend ordinary schools or are incapable of receiving proper benefit from the instruction in ordinary schools."

DENTAL SERVICES

Report for year ending 31st July, 1953

by Mr DAVID A. FINLAYSON

The dental situation is much the same as in previous years. Of 16,349 children inspected 10,850 required treatment (66%) and of these 4,719 accepted (43%). These figures show a slight increase over last year and when it is remembered that treatment is now available free of charge to school children under the General Dental Service this indicates an increased interest in dental health.

It is a great disappointment that the clinic at Broughty Ferry and the Mobile Clinic are not yet in operation. Approval was given to the former over two years ago and the latter over one year ago, together with a staff increase of 1 dental officer and 1 dental attendant. This long delay has impeded progress and as a Local Authority we are not fulfilling our obligations—a situation which calls for immediate action.

There has been a slight misunderstanding of the situation in regard to the number of children not receiving dental treatment. The difficulty is that so many parents decline the offer of treatment for the children until toothache is present, but many would accept if our clinics were situated nearer the schools in the new housing areas—and it is estimated that about 3,000 receive treatment from General Practitioners and at the Dental Hospital.

Some General Practitioners have indicated their willingness to accept part-time appointments in the Local Authority Service, but in Dundee there is no accommodation in which they could be employed. It is hoped that when additional premises are available we may appoint full-time dentists. The 4 surgeries are staffed by 4 full-time dentists and 4 dental attendants, who dealt with 8,861 attendances during the year.

The arrangement with the Eastern Regional Hospital Board by which Mr F. Jones, Orthodontist at Dundee Dental

Hospital, visits Nelson Street Clinic for one session on alternate Tuesdays to advise and to treat the special orthodontic cases has been very satisfactory, and this section also shows an increase in the number of patients and attendances.

The following tables show the work done for pre-school children, school children, ante-natal and post-natal women.

The pupils of St. John's Junior Secondary School were inspected by a school dental officer and 294 received treatment at Dundee Dental Hospital. This agreement was made in order to ensure sufficient patients for the dental students.

DENTAL INSPECTION AND TREATMENT

Year Ending 31st July, 1953

Number of Children who were Inspected by the Dental Officers.

Age.	Systematic Inspection.	Emergency Cases.	Total.
5	2,602	115	2,717
6	2,554	108	2,662
7	1,771	106	1,877
8	1,734	126	1,860
9	1,617	110	1,727
10	1,580	114	1,694
11	1,572	98	1,670
12	1,048	53	1,101
13	703	31	734
14	874	55	929
15	247	10	257
16	36	5	41
17	11	1	12
18	—	—	—
	16,349	932	17,281

Systematic and Emergency Treatment Boys and Girls Age 5-18 Inclusive

	Systematic.	Emergency.	Total.
No. Inspected	16,349	932	17,281
No. Requiring Treatment	10,850	932	11,782
No. Accepting Treatment	4,719	932	5,651
No. Actually Treated	3,758	932	4,690
No. of Attendances	5,685	1,391	7,076
Fillings (a) Permanent Teeth	3,569	263	3,832
(b) Temporary Teeth	1,359	50	1,409
Extractions (a) Permanent Teeth	562	244	806
(b) Temporary Teeth	3,851	795	4,649

General Anaesthetics	143	68	211
Other Operations	809	493	1,302
Cleaning	200	36	236
Half-Days Devoted to Inspection	148½	—	148½
Half-Days Devoted to Treatment	1,104	—	1,104
No. of Children Treated Privately	1,208	—	1,208
No. of Children Absent at Inspection	1,753	—	1,753
No. of Dental Notices not Returned	566	—	566
No. of Dentures Inserted	45	—	45
No. of Dentures Repaired	20	—	20
No. of Cases for X-Ray	142	198	340

ORTHODONTIA

Consultations	114
Impressions	153
Appliances Inserted	26
Appliances Repaired	11
Extractions (a) Permanent Teeth	103
(b) Temporary Teeth	10
Attendances for Adjustments	398

Lochee — Ante-Natal and Post-Natal

	A.N.	P.N.	Total.
No. Inspected	87	1	88
No. Requiring Treatment	54	1	55
No. Accepting Treatment	21	1	22
No. Treated	14	1	15
No. of Attendances	37	5	42
Fillings (Permanent Teeth)	7	2	9
Extractions (Permanent Teeth)	11	6	17
Other Operations	29	—	29
Cleaning	3	—	3
Dentures Inserted	3	1	4
Dentures Repaired	2	—	2

PRE - SCHOOL

Inspection and Treatment of Children in Day Nurseries and Emergency Cases

	Systematic.	Emergency.	Total.
No. of Children Inspected	421	3	424
No. of Children Requiring Treatment	150	3	153
No. of Children Accepting Treatment	92	3	95
No. of Children Treated	68	3	71
No. of Attendances	71	4	75
Fillings (Temporary Teeth)	62	7	69
Extractions (Temporary Teeth)	24	—	24
Other Operations	18	—	18

Inspection and Treatment of Children in Nursery Schools and Nursery Classes and Emergency Cases

	Systematic.	Emergency.	Total.
No. of Children Inspected	365	4	369
No. of Children Requiring Treatment	168	4	172
No. of Children Accepting Treatment	113	4	117
No. of Children Treated	93	4	97
No. of Attendances	106	6	112
Fillings (Temporary Teeth)	113	1	114
Extractions (Temporary Teeth)	31	3	34
Cleaning	6	—	6
Other Operations	36	4	40
General Anaesthetics	10	1	11

Pre-School — Others

No. Inspected	61
No. Requiring Treatment	61
No. Accepting Treatment	61
No. Treated	61
No. of Attendances	78
Fillings (Temporary Teeth)	35
Extractions (Temporary Teeth)	53
Cleaning	2
Other Operations	22
General Anaesthetics	30

CONSULTANT ORTHODONTIC CLINIC

September, 1952 to 31st July, 1953

at Nelson Street Clinic, Dundee

No. of Clinics held	17
New cases examined	37
Total visits of patients	150
Treatment stopped owing to lack of co- operation by child	7
Cases at present under treatment	28

St. John's Junior Secondary School Treated at Dundee Dental Hospital

No. Inspected	1,138
No. Requiring Treatment	889
No. Accepting Treatment	422
No. Actually Treated	294
Fillings (a) (Permanent Teeth)	551
(b) (Temporary Teeth)	—
Extractions (a) (Permanent Teeth)	90
(b) (Temporary Teeth)	24

Other Operations	.....	.....	.....	.....	3
Cleaning	.....	.....	.....	.....	270
No. of Dentures Inserted	.....	.....	.....	.....	2
Half-Days Devoted to Inspection	.....	.....	.....	.....	9
No. of Children Treated Privately	.....	.....	.....	.....	12
No. of Children Absent at Inspection	.....	.....	.....	.....	153
No. of Dental Notices not Returned	.....	.....	.....	.....	41
No. Failing to Complete Treatment	.....	.....	.....	.....	223
The above inspection of 1,138 was carried out by a					
School Dental Officer.					

